



ALL VOLUNTEER APPLICANTS - WAIVER AND RELEASE OF LIABILITY

Email Form: MHall@YellowTennisBall.com c/o Marlena Hall

The form must be fully completed and submitted **BEFORE** October 1st

I, _____(first name)_____ (last name) acknowledge that volunteering at this [2019] event or any other sporting event is an extreme test of a person's physical and mental limits and that my participation in such an event can cause potential for death, serious injury or property damage. With a full understanding of the potential risks, **I HEREBY ASSUME ANY AND ALL OF THE RISKS OF PARTICIPATING IN THE WORLD PICKLEBALL OPEN ("THE TOURNAMENT")**. In consideration of permission to participate in the Tournament, and other adequate and sufficient consideration, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE AND DISCHARGE** from any and all claims, costs or liabilities, death, personal injury or damages/expenses of any kind, which arise out of or relate to my participation in, or my traveling to and from the Tournament, THE FOLLOWING PERSONS OR ENTITIES: St. Lucie County, Palm Beach County, The City of Delray Beach, The State of Florida and any sponsor, official or other entity or individual associated with the Tournament, including, without limitation, the officers, employees and representatives of any of the foregoing (collectively, the "Tournament Entities"); b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed above; c) **I HEREBY WAIVE ANY RIGHT I HAVE TO TRIAL BY JURY** in any litigation arising from my participation in the Tournament; and d) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I REPRESENT THAT I HAVE HAD THE OPPORTUNITY TO CONSULT MY PERSONAL PHYSICIAN ABOUT THE RIGORS OF THIS POSITION AND HAVE NO PHYSICAL OR MENTAL CONSTRAINTS THAT WILL PREVENT ME FROM PARTICIPATING AS SUCH. FURTHER, I REPRESENT THAT I HAVE HAD THE OPPORTUNITY TO DISCUSS THE ABOVE TERMS WITH MY LEGAL COUNSEL.

THIS WAIVER AND RELEASE SUPERSEDES ALL PRIOR AGREEMENTS AND REPRESENTATIONS. I UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE, I HAVE AGREED TO THE TERMS ABOVE.

I, HEREBY, AFFIRM THAT I AM EIGHTEEN (16) YEARS OF AGE OR OLDER, THAT I AM OF SOUND MIND, I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS.

PRINTED NAME: _____ DATE OF BIRTH: _____

CONTACT NUMBER: _____ SIGNATURE: _____

SIGNATURE (of parent or legal guardian if **under 18 years old**): _____

DATE: _____

