

Sarasota Sailors Slam Tournament 11/16/24

Event Details:

Date: November 16, 2024

Location: 501 S Pompano Park, Sarasota FL

In consideration of participating in the Sarasota Sailors Slam ("Event"), I, the undersigned participant or spectator, agree to the following terms:

1. Assumption of Risk:

I acknowledge and fully understand that participating in or attending the Event involves inherent risks, including, but not limited to, physical injury, illness, disability, or death, and that such risks may arise from accidents, equipment failure, weather conditions, the actions of other participants, or my own actions. I voluntarily and knowingly assume all risks associated with my participation in or attendance at the Event.

2. Release of Liability:

I hereby release, waive, discharge, and hold harmless the University of Wisconsin-Eau Claire, the University of Wisconsin-Eau Claire Pickleball Club, the Chippewa Valley Pickleball Club, Lake Hallie, the organizers of the Event, and their respective officers, directors, agents, employees, volunteers, sponsors, and affiliates ("Released Parties") from any and all claims, liabilities, actions, demands, or causes of action arising out of or related to any injury, damage, or loss that I may sustain as a result of participating in or attending the Event, whether caused by the negligence of the Released Parties or otherwise.

3. Indemnification:

I agree to indemnify and hold harmless the Released Parties from any and all claims, demands, actions, damages, or liabilities, including attorney's fees, arising out of or related to my participation in or attendance at the Event.

4. Medical Treatment:

In the event of an injury, accident, or illness during the Event, I consent to receiving any necessary medical treatment. I acknowledge that I am responsible for any medical expenses that may be incurred as a result of any such injury or illness.

5. Compliance with Rules:

I agree to comply with all Event rules and regulations as well as any instructions given by Event officials or staff. I understand that failure to comply with these rules and instructions may result in my removal from the Event without a refund of any registration fees paid.

6. Photography and Media Release:

I hereby grant permission to the organizers of the Event to photograph, film, or otherwise record my participation in or attendance at the Event and to use such photographs, videos, or recordings for promotional purposes without compensation.

7. Governing Law:

This waiver and release shall be governed by the laws of the State of Wisconsin, without regard to its conflict of law principles.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE, AND THAT I AM VOLUNTARILY AGREEING TO ITS TERMS. I ALSO ACKNOWLEDGE THAT I AM WAIVING MY LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASED PARTIES.

Participant/Spectator Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Printed Name: _____

Date: _____