

In consideration of participating in any Pickleball2Go LLC d/b/a LowCoast Carolina Pickleball Club ("LowCo PBC"), including but not limited to tournaments, leagues, lessons, workshops, training events, and fundraisers, and travel to and from each such item (hereinafter "Events"):

A. I for myself, my legal representatives, and heirs and assigns (hereinafter collectively "I") DO HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Pickleball2Go LLC, a USA and South Carolina LLC, doing business as LowCo PBC , and its directors, officers, members, employees, volunteers, agents, successors and assigns (hereinafter the "Releases"), FROM ANY AND ALL LOSS, LIABILITY, DAMAGES, AND CLAIMS OF WHATEVER KIND OR NATURE WHATSOEVER (hereinafter "Claims"), INCLUDING BUT NOT LIMITED TO PERSONAL INJURIES, ACCIDENTS OR ILLNESSES (INCLUDING BUT NOT LIMITED TO DEATH), EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES (INCLUDING BUT NOT LIMITED TO COVID-19), AND PROPERTY LOSS arising from, but not limited to, participation in any Events, and whether caused by the negligence of the Releases or otherwise. By participating I understand that I ASSUME ALL RISKS WHETHER KNOWN OR UNKNOWN.

B. I understand that participation in the Events carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but include 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries such as eye injuries, joint or back injuries, heat stroke, heart attacks, and concussions, and 3) catastrophic injuries such as paralysis and death. I know, understand and appreciate these and other risks that are inherent in playing pickleball. I assert that my participation is voluntary and that I KNOWINGLY ASSUME ALL RISKS WHATSOEVER, whether caused by negligence of Releases or otherwise.

C. I also AGREE TO INDEMNIFY AND HOLD RELEASES HARMLESS from any and all Claims brought as a result of my involvement in any Events.

D. I understand that LowCo PBC does not carry or maintain health or disability insurance coverage for me. I am expected and encouraged to have my own health insurance coverage.

E. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF ALL RISK, AND INDEMNITY AGREEMENT. I FULLY UNDERSTAND THE TERMS HEREIN. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.

F. I agree and allow my photo and likeness may be utilized in any LowCo PBC related advertising and promotions

G. I agree that my electronic signature hereto shall be treated the same as a handwritten signature for all purposes including but not limited to validity, enforce-ability and admissibility.

I agree to the terms of this LowCo PBC Liability Waiver.

_____ (Signature)

_____ (Printed Name)

_____ (Date)