

Player Waiver

Event Name: [Swish Leagues by ECT](#) Date: [March - August 2025](#) Location: ECT

Pickleball, 1200 Oakmont Drive, Niceville, Florida 32578, United States

Waiver and Release of Liability

I, the undersigned participant, hereby acknowledge and agree to the following terms and conditions for participating in [Swish Leagues by ECT](#)

1. **Assumption of Risk:** I understand that participating in pickleball involves inherent risks, including but not limited to physical injury, property damage, and other unforeseen events. I voluntarily assume all risks associated with my participation.
 2. **Health and Fitness:** I certify that I am physically fit and able to participate in this tournament. I am aware of any medical conditions or limitations that may affect my ability to play pickleball.
 3. **Release of Liability:** In consideration of being allowed to participate in this event, I hereby release and discharge ECT Pickleball, ECT Management, Emerald Coast Tennis at Bluewater Bay, LLC, its organizers, sponsors, volunteers, and any affiliated parties from any and all liability for injuries, damages, or losses arising from my participation in this event.
 4. **Photography and Media:** I grant permission for the use of my name, likeness, photographs, and videos taken during the tournament for promotional purposes without compensation.
 5. **Code of Conduct:** I agree to abide by the rules and regulations of the tournament, maintain good sportsmanship, and treat fellow participants, officials, and spectators with respect.
 6. **Emergency Medical Treatment:** In the event of an emergency, I authorize any necessary medical treatment to be administered to me.
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By signing below, I acknowledge that I have read and understood this waiver and voluntarily agree to its terms.

Participant's Name: _____

Participant's Signature: _____

Parent/Guardian Signature (if participant is under 18) _____

Date: _____