

Cedar Park High School Pickleball Tournament Waiver and Release of Liability

Event Date: 3/30/2025

Event Location: Nameless Saloon, 23296 Nameless Rd Leander, Tx 78641

I, the undersigned participant (or parent/legal guardian if the participant is under 18), acknowledge and agree to the following:

1. Assumption of Risk

I understand that participation in the Cedar Park High School Pickleball Tournament involves inherent risks, including but not limited to falls, collisions, physical exertion, and potential injury. I voluntarily assume all risks associated with my participation in this event.

2. Release of Liability

I hereby release and hold harmless Cedar Park High School, its representatives, employees, volunteers, sponsors, Nameless Saloon, and any affiliated parties from any and all claims, liabilities, or damages arising from my participation in this tournament, including those caused by negligence.

3. Medical Treatment Authorization

In the event of an injury, accident, or illness, I authorize event organizers and medical personnel to provide necessary medical treatment and transportation if needed. I understand that I am responsible for any medical costs incurred.

4. Code of Conduct

I agree to abide by all event rules and respect the instructions given by event organizers. I acknowledge that failure to follow the rules may result in disqualification and removal from the event without a refund.

5. Photo & Video Release

I grant permission for Cedar Park High School and event organizers to use photographs, videos, or other media of me taken during the tournament for promotional and fundraising purposes.

6. Alcohol and Venue Responsibility

I acknowledge that the event is being held at Nameless Saloon, which serves alcohol. I agree to drink responsibly (if of legal age) and understand that the venue, event organizers, and school are not responsible for any incidents related to alcohol consumption.

By signing below, I confirm that I have read and understood this waiver, and I voluntarily agree to its terms.

Participant Name (Print): _____

Participant Signature: _____

Date: _____

Emergency Contact Name & Phone: _____

For participants under 18:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____