

Squeeze Pickleball Waiver and Release of Liability

Please read carefully before signing.

1. Acknowledgement and Assumption of Risk

I, the undersigned, hereby acknowledge and agree that participating in pickleball activities at Squeeze Pickleball (the "Facility") carries inherent risks, including, but not limited to, risk of injury, property damage, or even death. I understand that these risks may result from the actions, inactions, or negligence of myself or others, including other participants, instructors, or Facility staff.

I accept full responsibility for any risks or injuries that may arise because of participating in pickleball activities at the Facility, including those risks associated with the physical condition of the courts and equipment.

2. Release of Liability

In consideration for being permitted to participate in pickleball activities at Squeeze Pickleball, I, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby waive, release, and discharge Squeeze Pickleball, its owners, directors, officers, employees, volunteers, and agents (the "Releasees") from any and all claims, liabilities, demands, or causes of action arising out of or related to my participation in activities at the Facility, including any claims for personal injury, death, or property damage, regardless of whether such claims arise from the negligence of the Releasees or otherwise.

3. Indemnification

I agree to indemnify and hold harmless the Releasees from all claims, liabilities, or expenses (including attorney's fees) arising from or related to my participation in pickleball activities at the Facility or any breach of this Waiver and Release.

4. Medical Condition and Insurance

I certify that I am in good physical condition and have no medical or physical condition that would limit my ability to participate in pickleball activities. I acknowledge that it is my responsibility to obtain any necessary medical evaluations or clearance prior to participation. I understand that Squeeze Pickleball does not provide medical insurance for participants and that I am responsible for any medical expenses incurred because of my participation.

5. Compliance with Facility Rules and Regulations

I agree to comply with all rules, regulations, and instructions of the Facility and its staff always. Failure to do so may result in my suspension or expulsion from the Facility without refund.

6. Binding Agreement

I acknowledge that this Waiver and Release of Liability is binding upon me, my heirs, executors, administrators, and assigns, and shall inure to the benefit of the Releasees and their successors and assigns. This agreement is governed by the laws of the Province of Ontario.

7. Severability

If any provision of this Waiver and Release is found to be unenforceable or invalid by a court of competent jurisdiction, the remaining provisions will continue to be valid and enforceable.

8. Entire Agreement

This Waiver and Release constitutes the entire agreement between the parties with respect to the subject matter and supersedes any prior understandings or agreements, whether written or oral.

9. Acknowledgement of Understanding

By signing this Waiver and Release of Liability, I confirm that I have read, understood, and voluntarily accepted the terms outlined above. I am fully aware of the legal consequences of signing this document, and I acknowledge that I am giving up the right to sue the Releasees for any claims related to my participation in pickleball activities at the Facility.

Participant’s Signature: _____

Date: _____

Printed Name: _____

Emergency Contact Name and Phone Number: _____

If the participant is under 18 years old, a parent or legal guardian must also sign below.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____