

## WAREHOUSE PICKLEBALL LIABILITY WAIVER AND RELEASE FORM

**WARNING: Read carefully before signing. This form affects your legal rights.**

### Participant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Assumption of Risk

I, the undersigned, acknowledge that participating in pickleball activities at Warehouse Pickleball (the "Facility") involves certain inherent risks of injury, including but not limited to sprains, fractures, concussions, or other serious bodily harm. I freely and voluntarily assume all risks associated with the activity, both known and unknown, even if arising from the negligence of the Facility, its employees, agents, or other participants.

### Waiver and Release of Liability

In consideration for being allowed to participate in pickleball activities at the Facility, I hereby release, waive, discharge, and covenant not to sue Warehouse Pickleball, its owners, employees, contractors, agents, affiliates, or any other persons or entities associated with the Facility (collectively, the "Released Parties") from any and all claims, liabilities, damages, injuries, losses, or expenses arising out of or in any way related to my participation in pickleball activities or my guests', whether caused by the negligence of the Released Parties or otherwise, including claims for personal injury or property damage.

### Indemnification

I agree to indemnify and hold harmless the Released Parties from any and all claims, demands, causes of action, or judgments, including legal fees, arising out of or related to my participation in pickleball activities or my guests' at the Facility, including claims brought by third parties for injuries or damages caused by my/our actions.

### Medical Treatment

In the event of an injury or medical emergency, I authorize the Facility to obtain medical treatment for me and my guests, and I agree to be responsible for any and all costs associated with such treatment.

### Acknowledgment of Rules

I acknowledge that I have read and understand the rules and regulations of the Facility and agree to comply with them during my participation in pickleball activities. I further understand that failure to abide by the Facility's rules may result in being asked to leave the premises.

**Severability**

If any portion of this waiver is found to be invalid or unenforceable, the remaining portions shall remain in full force and effect.

**Entire Agreement**

This document constitutes the entire agreement between the parties and supersedes all prior understandings or representations. By signing below, I acknowledge that I have read and fully understand this liability waiver and release form, and I voluntarily agree to its terms.

**Participant Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian (if under 18)**

If the participant is under the age of 18, the parent or guardian must also sign below:

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Date: \_\_\_\_\_