



Liability Waiver and Release of Claims

Event: Hope Scarves Charity Pickleball Tournament

Date: March 22, 2026

Location: Play Pickleball Club, Louisville, Kentucky

Participant Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Emergency Contact Name:** _____
 - **Emergency Contact Phone:** _____
-

Assumption of Risk

I understand that participation in a pickleball tournament involves inherent risks, including but not limited to physical injury, illness, accidents, falls, collisions, or other harm that may occur during or related to the event. I knowingly and voluntarily assume all such risks, whether known or unknown, even if arising from the negligence of others.

Release and Waiver of Liability

In consideration of being allowed to participate in the Hope Scarves Charity Pickleball Tournament, I hereby release, waive, and discharge **Hope Scarves, Play Pickleball Club**, event organizers, sponsors, volunteers, staff, and their respective officers, directors, employees, and agents from any and all claims, demands, actions, or causes of action arising out of or related to any injury, loss, or damage that may occur as a result of my participation in this event.

Medical Treatment

I certify that I am physically able to participate in this event and have no medical conditions that would prevent my safe participation. I consent to receive medical treatment deemed necessary in the event of injury, accident, or illness during the event and agree to be financially responsible for any medical expenses incurred.

Photography and Media Release

I grant permission to Hope Scarves and event organizers to use photographs, video recordings, or other media of me taken during the event for promotional, educational, or fundraising purposes without compensation.

Acknowledgment and Signature

I have read this Liability Waiver and Release of Claims, fully understand its terms, and sign it freely and voluntarily. I understand that by signing this document, I am giving up certain legal rights.

Participant Signature: _____

Printed Name: _____

Date: _____

For Participants Under 18 Years of Age

I am the parent or legal guardian of the minor participant named above. I consent to the minor's participation and agree to all terms of this waiver on their behalf.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____