

**PARTICIPATION WAIVER**

**IT IS STRONGLY URGED THAT INDIVIDUALS PARTICIPATE ONLY IN THOSE EVENTS FOR WHICH THEY ARE IN GOOD PHYSICAL CONDITION.**

**TO TAKE PART. IT IS STRONGLY RECOMMENDED THAT PARTICIPANTS CONSULT THEIR PHYSICIAN REGARDING PREPARTICIPATION FOR PICKLEBALL ACTIVITIES (DRILLS, GAMES, COMPETITIONS AND CLINICS).**

**I, the undersigned participant, hereby release, acquit, discharge, indemnify and hold harmless the Huntsville Pickleball Club (HPC), HPC Board members and all other individuals or other organizations to be added as sponsors and hereinafter sometimes referred to as a sponsor, their agents, employees, representatives, volunteers, officers, directors and assigns from any and all actions or claims of whatsoever kind or nature which I or my representatives or assigns may have or at any time in the future have as a result of any injury, physical or mental, arising out of my participation in the HPC sponsored clinics.**

**I warrant and represent to the clinic hosts that I have prepared myself for the events which I have entered by practicing the same prior to my participation in the HPC skills and drills clinics.**

**I warrant and represent that I am in good physical health and condition, and I am physically able to compete in the events I have selected. I know of no physical restrictions whatsoever which would prohibit my participation in the events that I have selected. I have been advised by the HPC that it would be in my best interest to consult a physician prior to my participation in regard to my participation in the Huntsville Pickleball Club Clinics. I recognize and understand that the preparation and the competition may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing disorders which may have, thereby resulting in serious or life-threatening physical harm to me.**

**The above named sponsors have my permission to have a physician treat me if needed during my participation in the events of the Stephanie Lane and Kenda West Clinic.**

**I grant the Huntsville Pickleball Club and clinicians the right to use my name and any pictures taken of me during the 2024 Huntsville Pickleball Club sponsored clinic without any remuneration**

SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_