## KPA MEMBERSHIP KICK-OFF REGISTRATION & WAIVER



Address:	City: St: Zip:		
Mobile Phone: ( ) -	Alternate Phone: ( ) -		
EMAIL ADDRESS:	email will be used for additional informatio		
EMERGENCY CONTACT Name:	Phone #:(  )  -		

## Individual Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in Kentucky Pickleball Association ("KPA") Membership Kick-Off at Bluegrass Racquet Club and related events and activities;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

(a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the KPA Membership Kick-Off;

(b) Participating in the KPA Membership Kick-Off may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;

(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

(a) Kentucky Pickleball Association ("KPA"), Bluegrass Racquet Club or any of its agencies, residents, employees or volunteers, coaches, trainers, officials affiliated with the organizations or any other individuals affiliated with the KPA Membership Kick-Off;

(b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;

(c) owners of premises used to conduct the KPA Membership Kick-Off FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en-route to and from the Games.

## (3) I FURTHER AGREE THAT:

(a) Prior to participating, I will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the KPA Membership Kick-Off director,



or official connected with the KPA Membership Kick-Off of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

(b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the KPA Membership Kick-Off, WITHOUT COMPENSATION.

(c) I have read and agree to KPA Membership Kick-off no refund policy after registration cut-off.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.

	X		
Participant Name (print)	Participant Signature		
All participants must complete ti	he Agreement, Release and Waiver	of Liability in order to con	npete
<b>REQUIRED Registration I</b>	nformation		
<ul> <li>SKILL LEVEL (please circle):</li> <li>SHIRT:</li> </ul>	Beginner Intermediate	Advanced	
<b>Circle)</b> M/W: Men's	or Women's shirt		
Circle Size: Small	Medium Large	XLarge XXLa	rge
<ul> <li>MAIL Registration, Waive Bluegrass Sports Com Attn: KPA 162 East Main St., Ste Lexington, KY 40507</li> </ul>	mission		
• Your entry fee includes a help grow Pickleball in th	1 year membership to the Ken e State of Kentucky.	tucky Pickleball Associa	tion (KPA