Release and waiver of liability, Indemnity, and Parental Consent Agreement

☐ I Acknowledge That:

Check the box above indicating you acknowledge (required)

In consideration of being allowed to participate in any IPTPA pickleball teaching activity ("Activity") with member Mitchell Rose, I, for myself and on behalf of my personal representatives, assigns, heirs, and next of kin, acknowledge the nature of the IPTPA pickleball teaching activity with Mitchell Rose. I confirm that I am qualified, in good health, and in proper physical condition to participate in such Activity. Furthermore, I agree and warrant that if at any time I believe the conditions to be unsafe, I will immediately discontinue my participation in the Activity.

- a. activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("risks")
- b. These Risks and dangers may be caused by my own actions or inaction's, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" named below
- c. There may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and i fully accept such risks and all responsibility for losses, costs, and damages I might incur because of my participation or that of the minor in the Activity.

That I will not sue IPTPA and member Mitchell Rose, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on my account that are caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent medical assistance rescue operations and I further agree that if, despite this release and waiver of liability, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I fully understand this agreement and its terms, I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid or unenforceable the balance, notwithstanding, shall continue in full force and effect.

As the minor's parent and/or legal guardian, I understand the nature of the sport of Pickleball activities and the minor's experience and capabilities, and I believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, agree and promise not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent medical assistance or rescue operation and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Consent to Receive Communications

□ I Agree That

Check the box above indicating you agree (required)

By registering, I may receive emails from IPTPA and member Mitchell Rose for the sole purpose of communicating activities, schedules changes, delays.

Use of Likeness

□ I Agree

Check the box above indicating you agree (not required)

To grant IPTPA, its agents, employees, licensees, and successors in interest (collectively, the "Released Party") full ownership rights and absolute, irrevocable permission to any photograph or video taken of the minor listed below. The photographs will be used solely for promotional purposes on our website and will not be shared, sold, or provided to anyone other than the parent/guardian.

Minor Player's Name				
First	Last		_	
Print The Name of Parent/Guardian of Mino	r			
Email of Parent/Guardian of Minor				
Phone Number of Parent/Guardian of Minor	 -			
For safety reasons and in case of emergency, we need the p	<mark>ohone number of th</mark>	e guardian/pa <mark>rent</mark> .		
Signature of Parent/Guardian of Minor		Date:	100	

By signing this form, you acknowledge that you have read and comprehended the contents of this waiver. Additionally, you are affirming that you are absolving IPTPA and the instructing member from any liability whatsoever.