CONTACT OF OCEAN AND MONMOUTH COUNTIES

WOMAN’S 1ST ANNUAL INVITATIONAL PICKLEBALL

TOURNAMENT

REGISTRATION FORM

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make sure your email address is printed clearly.

Phone Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(circle) Skill Level 3.0 to 3.25, 3.26-3.5

Partner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out this registration form, sign the waiver and return with

payment to:

contact@contactoceanmonmouth.org

& Venmo payment to @cheryl-parker-82

Memo should include Contact Donation 3/19

or mail registration, waiver and check to:

CONTACT of Ocean & Monmouth Counties

P.O. Box 1121

Toms River, NJ 08754-1121

Business Office #: 732-240-6104

Business Fax #: 732-914-0148

**PARTICIPANT WAIVER**

I know that playing pickleball is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a tournament official relative to any aspect of my participation in this event, including the right of any tournament official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the tournament and agree to abide by them.  I assume all risks associated with playing pickleball in this event, including but not limited to: trips; falls; getting hit by a paddle, ball or person; twisting an ankle or foot or other body part; physical contact with other participants, volunteers, tournament personnel, contract service providers, employees, and spectators; the potential contraction of a communicable disease (such as but not limited to COVID-19) resulting from contact with or exposure to other participants, volunteers, tournament personnel, contract service providers, employees, and spectators.  I assume all risks of participating in this pickleball tournament said risks being known, appreciated, and accepted by me.

I will abide by all tournament rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release AGC Abundance Grace Church and CONTACT of Ocean & Monmouth Counties, all event sponsors and volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this pickleball tournament, even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver.  In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by any communicable diseases in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, videos, recordings or any other record of this event for any legitimate purposes.  I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Check one) I \_\_\_\_\_ am \_\_\_\_\_am not over the age of 18.

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

Parent’s Signature if under 18 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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