

Roaming Shores Kids Pickleball Clinic  
REGISTRATION FORM:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Waiver:

NAME OF EVENT: Roaming Shores Pickleball Kids Clinic

DATE: June 10-13, 2024 (Friday, June 14 Rain day)

LOCATION: Roaming Shores Pickleball Courts, Rock Creek, Ohio

RELEASE, PERMISSION, AND INDEMNITY AGREEMENT

Release. In consideration of being permitted to participate in any way in the above named event, I, as parent /guardian for participant, hereby release, waive, discharge, covenant and agree not to sue the village of Roaming Shores, the Rome Rock Association, the Roaming Shores Pickleball Club, and the organizers, officers, employees, instructors, volunteers, and agents from liability and to release from any and all claims resulting in personal injuries, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in the four day clinic.

Assumption of Risk. Participation in the clinic carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and may include but are not limited to 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries as eye injuries, joint or back injuries, heat stroke, heart attacks, concussions, and contraction of illnesses such as Covid-19, and 3) catastrophic injuries such as paralysis and death. I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in playing pickleball. I assert that my signature is voluntary and that I knowingly assume all such risks for the participant. .

Indemnification and Hold Harmless. I also agree to indemnify and hold the village of Roaming Shores, the Rome Rock Association, the Roaming Shores Pickleball Club, and the organizers, officers, employees, instructors, volunteers, and agents harmless from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney's fees brought as a result of the participant's activity in the Clinic

Photography Release. I hereby release all rights to any, but not limited to, claims, rights, demands, and/or any causes of action by me or my representatives, heirs or anyone else involving photography of the Clinic and related events. Furthermore, I hereby waive my participant's right to any royalty or any other compensation with regard to the usage of the photos related to the events of the Rome Rock Association and the Roaming Shores Pickleball Club.

PRINTED NAME

SIGNATURE

\_\_\_\_\_

Date \_\_\_\_\_

Send completed form and \$25.00 (Check made out to Kathryn Christoph) by June 3 to:

RSPB Kathryn Christoph

1560 Lake Crest Dr.

Roaming Shores, OH 44084