



# SKILLS CLINIC REGISTRATION FORM

PLEASE COMPLETE BEFORE PARTICIPATING IN YOUR FIRST CLINIC

## CLINIC INFORMATION

PLEASE INCLUDE ALL INFORMATION ABOUT THE CLINIC YOU ARE SIGNING UP FOR BELOW.

**LOCATION:**

**DATE / TIME:**

**CLINIC NAME:**

**LAST NAME:**

**PHONE NUMBER:**

**FIRST NAME:**

**EMAIL:**

**DATE OF BIRTH:**

**GENDER:**

**EMERGENCY CONTACT NAME:**

**CONTACT PHONE NUMBER:**

**CURRENT SKILL RATING:**

SELF / CLUB / T / UNKNOWN

(CIRCLE ONE)

**PICKLEBALL GOALS:**

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# SKILLS CLINIC REGISTRATION FORM

## WAIVER / RELEASE FORM

### Please read before signing:

In consideration of being allowed to participate in this Pickleball skills clinic, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from this activity is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and

1. I KNOWINGLY AND FREELY ASSUME ALL RISKS incidental to the game of Pickleball and assume full responsibility for my participation. I willingly agree to comply with the terms and conditions for participation. If however, I observe any usual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of one of the IN A PICKLE instructors.
2. I, for myself and on behalf of my heir, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the company, IN A PICKLE and their officers, officials, agents, and/or employees, other participants, sponsors and owners of the facility used to conduct this event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, whether arising from negligence or otherwise, that I may suffer.
3. Photos may be taken of participants and used for promotional purposes of IN A PICKLE only.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP THE SUBSTANTIAL RIGHTS (INCLUDING THE RIGHTS TO SUE) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

### PARTICIPANT

\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
FULL NAME  
\_\_\_\_\_  
DATE

### WITNESS

\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
FULL NAME  
\_\_\_\_\_  
DATE