

## **VERNON PICKLEBALL ASSOCIATION - Guest Waiver**

**Liability Waiver:**

I affirm that I am in good health, of sound judgment at all times and capable of participating in all VPA activities. I understand that there are physical risks involved in playing Pickleball including, but not limited to injury related to rapid movement, falling down, being hit by balls or paddles, collisions with walls, nets and other players. I accept as my personal risk the hazards, including Covid-19 risks, of such participation and will not hold the Vernon Pickleball Association (VPA) Society or its representatives responsible from any manner of claims or lawsuits that may result from my participation in the sport of Pickleball. I acknowledge that I use the properties and the facilities arranged for me by VPA at my own risk and I hereby hold harmless VPA, its Executive, Board Members, VPA Volunteers, Coaches, Instructors, other Members of the Association, and the Owners of any such property and facilities from any suit, cause, action or claim resulting from my use of such property or facility. Including VPA meetings and/or gatherings, VPA trips, gatherings and/or outings, presentations, seminars, training/skills workshops and/or local or other competitions. I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily and that this agreement is to be binding upon my heirs, executors, administrators, representatives, assigns and myself.

First Name: ..... Last Name: .....

Address: ..... City: .....

Phone: .....

Signature: ..... Date: .....