

ACT Pickleball Tournament Waiver

Waiver

I know participating in this event is a potentially hazardous activity. I will not enter and participate unless I am medically able. I agree to abide by all rules. I assume all risks associated with this event, including but not limited to falls, contact with other participants, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Achievement Center of Texas, Clemmer Classic Pickleball, the City of Garland, participants, volunteers, and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, recordings or any other record of this event for any legitimate purposes.

If you are under 18, a parent or guardian will have to sign on your behalf.

Name of Participant (print name)

Signature of Participant (or parent/guardian)

Date

Print, sign and bring with you to the tournament.