**Individual Agreement, Release and Waiver of Liability**

In consideration of being permitted to participate in PICKLEBALL PARTNERS FOR DEMENTIA and Tournament and related events and activities:

1. I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:
* To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Tournament:
* Participating in the Tournament may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence of others, the rules of play, or the conditions of the premises or any equipment used:
* There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the above,
1. I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
* PICKLEBALL PARTNERS FOR DEMENTIA, Proactive Partners, and its Board of Directors or any of its volunteers, officials affiliated with the organization, or any other individual affiliated with the Tournament:
* Any affiliated subsidiary, successor, organization, related companies or businesses, other participants or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, or volunteers of such entities or organizations.
* Owners of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel enroute to and from the tournament.
1. I FURTHER AGREE THAT:
* Prior to participating, I will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the Tournament director, or official connected with the Tournament of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating.

USE Permission. I also give PICKLEBALL PARTNERS FOR DEMENTIA permission to use distribute, without limitation or obligation, my image, name, voice, and words for any purpose connected with the Tournament, including promotional, marketing, training, informational, and archival uses.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

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Participant Name (Print) Participant Signature Date