



## **Richmond Hill Pickleball Club Waiver**

By joining the Richmond Hill Pickleball Club (RHPC) event, you are agreeing to the following **WAIVERS**:

**Image Permission Release:** I grant permission to the RHPC to photograph and/or record my image and/or voice and to use this material to promote the RHPC through social media, newsletters, websites, television, film, radio, print and/or displays. I understand that I waive any claim to remuneration for use of audio/visual materials used for these purposes.

**Health Declaration:** I consider myself physically able to participate in Pickleball and will assume all risks associated with playing Pickleball. My doctor has recommended such physical activity.

**Medical Authorization:** I accept responsibility for my own medical coverage. I give permission to staff and volunteers with the RHCP and any other organization working with RHCP (e.g. City of Richmond Hill or any venue where RHPC might hold an event) to arrange for any emergency care including hospitalization and transportation if necessary, and I agree to pay for all expenses and costs incurred thereby.

**Waiver of Liability:** I release and waive all claims and hold harmless RHPC and any other organization working with RHCP (e.g. City of Richmond Hill or any venue where RHPC might hold an event including their elected officials, officers, employees, agents, representatives, volunteers and any other participants), for any liability, property damage or personal injury resulting to me.

**Code of Conduct:** I also acknowledge having read the RHPC Code of Conduct.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone number \_\_\_\_\_

**Code of Conduct:** I also acknowledge having read the RHPC Code of Conduct.

**Full name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_