



Pickleball Liability Waiver

Pickleball, like any exercise, physical activity, or contact sport, has inherent risks.

The risks of participating in the Pickleball program include, but may not be limited to:

- Feelings of excitement and fun
- Making new friends
- Improved fitness
- Learning new skills
- Sore muscles and joints
- Falling
- Breaking bones
- Hitting (or getting hit by) other participants, paddles, and/or balls
- Head, neck, and/or spinal injury

I hereby understand and acknowledge that playing pickleball may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, equipment failure, the effects and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in the activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

I understand that all instructions and rules for safe participation must be followed and that the **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate.

I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition, or if, at any time I feel unable or unfit to continue for any reason.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and the Town of Kentville furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** the Town of Kentville, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in Town of Kentville training, programs, events, and/or use of the facility.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

Contact phone: _____ Email: _____

In case of emergency contact: _____ Phone: _____

(Parent's Signature if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein,

Parent/Guardian Signature: _____ Date: _____

Pickleball NS number (if you have one): _____