

Hilliard Darby High School
4200 Leppert Rd.
Hilliard Ohio 43026
614-921-7300

2025 Pickleball Tournament Waiver Form

I, the undersigned, acknowledge that I am voluntarily participating in the 2025 Pickleball Tournament. I fully understand that participation in this activity carries inherent risks, including but not limited to physical injury.

I hereby release, waive, discharge, and covenant not to sue the organizers, sponsors, officers, agents, or employees responsible for the 2025 Pickleball Tournament from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in or traveling to or from this activity.

I am fully aware of the risks involved and voluntarily elect to participate, understanding that I assume all risks associated with such participation.

I certify that I am physically fit and sufficiently trained to participate in the Pickleball Tournament.. I further certify that there are no health-related reasons or problems which preclude my participation in this activity.

I agree to abide by all rules and regulations set forth by the organizers of the 2025 Pickleball Tournament.

Participant's Full Name: _____

Participant's Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parental/Guardian Consent (if participant is under 18):

I, the undersigned, as the parent or legal guardian of the above-named participant, hereby give my consent for my child/ward to participate in the 2025 Intramural Sports League. I acknowledge and agree to all terms and conditions stated in this waiver.

Parent/Guardian's Full Name: _____

Parent/Guardian's Signature: _____

Date: _____