

ADULT PICKLEBALL ROSTER/PLAYER WAIVER

In consideration for participation in the programs and activities held in person, through an online platform, or by any other means whether located on or off of public property ("PROGRAMS"), conducted by the City of Newport Beach, the Newport-Mesa Unified School District, or other such providers ("PROGRAM PROVIDERS"), 1, on behalf of myself and on behalf of the participant of the PROGRAMS is someone other than me (both collectively, "PARTICIPANT") hereby: (1) acknowledge that participation in the PROGRAMS, and does not have a medical condition that could make participation in the PROGRAMS, and does not have a medical condition that could make participation in the PROGRAMS hazardous to PARTICIPANT's health or the health of others; (4) agree to provide verification from a licensed medical professional of PARTICIPANT's physical fitness to participate in the PROGRAMS when requested by PROGRAM PROVIDERS (5) agree that failure to disclose that participation by PARTICIPANT could create an unreasonable risk to PARTICIPANT or others may result in the PROGRAM PROVIDERS terminating PARTICIPANT from the PROGRAMS at any time and in their sole and absolute discretion; (7) understand that participation in the PROGRAMS could result in bedily injury, property damage, death, disability, or other loss a result of, including by not limited to, strenuous physical activity or exertion, striking or being struck by objects or persons, falling, slipping, tripping, colliding with other persons or things, exposure to moisture, heat, cold, humidity, or sickness and disease (including but not limited to, COVID-19), which injuries and damage may include, but are not limited to, scrapes, bruises, cuts, sprains, strains, tearing or pulling of muscles or ligaments, fractures, dislocation of joints or bones, head or facial injuries, spinal cord injuries, or other injuries or any nature whatsoever which could be permanent or even fatal (collectively, "RISK OF INJURY"); (8) CERTIFY THAT PARTICIPANT ARREES TO ASSUME ANY AND ALL RISK OF INJURY ON B

I understand that from time to time City representatives may photograph activities of City recreation programs and participants. By signing this form, I authorize the City of Newport Beach to use or publish any photographs taken by the City showing my participation or my child/children's participation to promote classes on the City's website and other social media used by the City, future publications of the Newport Navigator and/or fliers

I (We) the undersigned certify that I (We) have read, reviewed, understand and agree to the Registration Information & Policies on adjacent page. These policies are also included as part of your receipt.

RETURNING TEAMS/PLAYERS MUST STILL SIGN EVERY SEASON.

Team Name:					Season:	
	Player Name	Home Address/City/Zip (required)	Newport Beach Work Address & Zip	Nι	Phone ımber/Email	Signature (required)
1						
2						
3						
4						
5						
6						