



## PICKLEBALL TOURNAMENT REGISTRATION FORM

### REQUIRED Registration Information

Last Name:		First Name:	
Address:	City:	St:	Zip:
Mobile Phone:		Alternate Phone:	
EMAIL ADDRESS:			
EMERGENCY CONTACT Name:		Mobile Phone:	
Your Driver's license number AND state of Issue:			DOB:
Your Status: (please circle one) <b>Active Duty Military</b> <b>DOD Civilian</b> <b>DOD Dependant</b> <b>NON Military Affiliate</b>			

SKILL Level (please circle):      3.0                      3.5                      4.0                      4.5+

Registration fee is \$30 per team (**\$15 per person**) and is required with this registration form and waiver.

Select one:

Women's Doubles Partner's Name: <b>(Tournament dates: 3-4 Feb 2018)</b>	*REGISTRATION DEADLINE: 19 JANUARY 18*
Men's Doubles Partner's Name: <b>(Tournament dates: 3-4 Mar 2018)</b>	*REGISTRATION DEADLINE: 16 FEBRUARY 18*
Mixed Doubles Partner's Name: <b>(Tournament dates: 7-8 Apr 2018)</b>	*REGISTRATION DEADLINE: *24 MARCH 18*

If you need a partner, please indicate above and skill level requested. You will be contacted via email.

### REGISTRATION, Waiver & Payment

PAYMENT METHODS ACCEPTED: VISA, MASTERCARD, CASH OR CHECK

- CREDIT CARD PAYMENTS ACCEPTED BY PHONE: 719.333.4522
  - Email or fax registration and waiver to: 719-333-3038, [10FSS.FSVS.FitnessCenter@us.af.mil](mailto:10FSS.FSVS.FitnessCenter@us.af.mil)
- PAYMENT ALSO ACCEPTED AT FITNESS CENTER: 5234 ASPEN DRIVE, U.S. AIR FORCE ACADEMY, CO

\*\* These 2 pages of Registration and Waiver must be included along with your payment

QUESTIONS??? CONTACT THE AFA FITNESS CENTER AT 719.333.4522. **THANK YOU!**

**FOR USAFA use only:**

**Indicate Payment Form ( credit card, check, cash or gift card) and Date of Payment.** \_\_\_\_\_



## Individual Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in The Pickleball Tournament at USAFA Fitness and Sports Center and related events and activities;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

- (a) 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;
- (b) 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 but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the above.

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- (a) USAFA Fitness and Sports Center or any of its agencies, residents, employees or volunteers, coaches, trainers and officials affiliated with the organizations or any other individuals affiliated with the Tournament;
- (b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- (c) Employees 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 en-route to and from the Games.

(3) I FURTHER AGREE THAT: b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Tournament, WITHOUT COMPENSATION.

(c) I have read and agree to The Pickleball Tournament at USAFA Fitness and Sports no refund policy after registration cut-off.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the games.

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

Please Print Full Name	Signature	Date

*All participants must complete the Agreement, Release and Waiver of Liability in order to compete.*