LIABILITY WAIVER AND RELEASE

I, the undersigned, acknowledge, agree, and understand that:

1.) Voluntarily and of my own free will, I elect to participate as a player in the York County Medical Society (YCMS) vs. York County Bar Association (YCBA) Charity Pickleball Tournament (hereinafter "Tournament") run by the White Rose Pickleball Association (WRPA).

2.) I understand that there are certain risks and hazards involved in participating in Pickleball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants, in addition to the acts of serving, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

3.) I agree that in consideration for right to play in the Tournament and in consideration for permission to play on the courts arranged for by the WRPA, YCPS, YCMS and YCBA: I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me: (a) while practicing or playing in the Tournament, (b) while serving in a non-playing capacity as an observer during practice or play by other teams or by other players, and (c) while on or upon the premise of any and all of the fields arranged for by the organizers for practice or play.

4.) I release, discharge and agree not to sue the White Rose Pickleball Association, the York County Medical Society, the York County Bar Association, the York County Bar Foundation, or their owners, officers, umpires, agents, servants, associations or employees (hereinafter "Releasees"), for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of the Releasees hereby released. I further agree that I shall hold harmless and fully indemnify the Releasees from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries, or death are caused in whole or in part by any of the Releasees.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

_____ _____ _____

Date Player Printed Name Player Signature

_____ _____

Email Cell Phone