

# 4TH ANNUAL

# GAINESVILLE INDOOR PICKLEBALL SHOWCASE

## INDIVIDUAL ENTRY FORM

NAME: (First, Last)	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Florida Resident Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Street Address:	City:	
State/Zip:	Email:	
Birthdate:	Age:	Phone Number:
Event T-Shirt Size: Small: <input type="checkbox"/> Medium: <input type="checkbox"/> Large: <input type="checkbox"/> X-Large: <input type="checkbox"/> XXL: <input type="checkbox"/>		
Emergency Contact:	Relationship To Applicant:	Phone Number:

## EVENT REGISTRATION

Open Division (Most Competitive): <input type="checkbox"/>			Age Group Division: <input type="checkbox"/>	
Event Names:	Men's Doubles	Women's Doubles	Mixed Doubles	
	Event Name:	Partner Name:	Partner Age:	Event Entry Fee:
Event #1				\$45.00
Event #2				\$5.00
Total Enclosed (CHECK ONLY): **Make check out to Gainesville Sports Commission				\$

\*\*\*Please fill out this form and mail to: Gainesville Sports Commission\*\*\*  
300 East University Avenue, Suite 100, Gainesville, FL 32601

All participants must complete the Agreement, Release and Waiver of Liability in order to compete in the 4th Annual Gainesville Indoor Pickleball Showcase. Team entries MUST include copies of this form for each athlete that participates.

4th Annual Gainesville Indoor Pickleball Showcase  
Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in or assisting others in participating in the 4th Annual Gainesville Indoor Pickleball Showcase, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT: 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 Pickleball Showcase; Participating or assisting others in participating in the Pickleball Showcase 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 the equipment used; There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above.

I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE: The State of Florida or any of its agencies, the Gainesville Sports Organizing Committee DBA Gainesville Sports Commission, Inc., its commissioners, employees or volunteers, coaches, trainers, officials affiliated with the international organizations, agencies, sponsors, or advertisers, respective administrators, officers, directors, agents, representatives, employees, volunteers, coaches, trainers, officials, any other individuals affiliated with the Pickleball Showcase;

Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations; Owners, lessors and lessees of premises used to conduct the Pickleball Showcase 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 Pickleball Showcase.

I FURTHER AGREE THAT: Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor, or official connected with the Pickleball Showcase of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

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 Pickleball Showcase, WITHOUT COMPENSATION.

I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT As may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Pickleball Showcase.

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

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Participant Name (Print), Signature, & Date