

**Grace Church of the Valley Pickleball Tournament
General Release & Liability Form**

Name _____

Address _____

Phone Number _____

Health Insurance Provider _____

Policy/Member Number _____

I confirm that I have not experienced the following symptoms of COVID-19: fever or chills, new or worsening cough, new or worsening shortness of breath. I confirm I have not been exposed to any person with confirmed COVID-19 by lab test.

Initials

I agree and understand that my presence and participation in the Pickleball Tournament may expose me to both known and unknown risks; unforeseeable and unanticipated risks of harm and/or death or injury to person or property. In consideration of and as a prerequisite to participation in the Pickleball Tournament, I acknowledge that such risks exist and I hereby assume all such risks and release and discharge Grace Church of the Valley, their respective employees, and volunteers from any and all claims for liability for death, personal injury or property damage I may suffer at any time while participating.

By signing below, I specifically hereby release Grace Church of the Valley, their respective employees, and volunteers and I accept full responsibility for the costs of treatment for any injury or damages suffered while participating in the Pickleball Tournament.

Signature

Date