

**LOUISIANA STATE GAMES
PICKLEBALL TOURNAMENT MAIL-IN REGISTRATION**

**June 23 & 24, 2018
Age Divisions**

(Please Print)

Name _____ Age as of 12/31/17: _____ Gender: M/F
Phone: _____ Address: _____ City: _____ State: _____ Zip: _____
Email: _____ USAPA# _____ Rating _____

Please put an 'X' by events you are entering and your partners name. Your partner must also register and pay the fee.

Men's Doubles: () Partners Name: _____ Need Partner: ()
Women's Doubles: () Partners Name: _____ Need Partner: ()
Mixed Doubles: () Partners Name: _____ Need Partner: ()
Men's Singles: () Women's Singles: ()

Tournament Fee: \$25 (May play 3 events.)

T-Shirt Size: S M L XL XXL XXXL

Make check payable to: **Mid-South Pickleball Assoc.**

Mail this form and check to:

Linda Neill
350 Emerald Forest Blvd, #23102
Covington, LA 70433

Registration Deadline:
**Postmark must be before
Midnight, June 14, 2018**

In consideration of being allowed to participate in any way in the Pickleball play at Louisiana State Games, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the other players immediately; and,
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the Louisiana State Games, the United States of America Pickleball Association, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("Release"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Release from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I affirm that I am of legal age to enter into this agreement.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE _____ PRINTED _____

DATE _____

EMERGENCY CONTACT: NAME _____

PHONE (____) _____