



**JULY 29th 2017 8:00am
COUNTRY CLUB OF PADUCAH
TO BENEFIT: MERRYMAN HOUSE**

Players Name: _____ **Age:** _____

Primary Contact Number: _____ **Cell Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____ **Emergency Contact:** _____

Please select the events you and your partner are registering for below. Your partner will need to complete a registration form as well and pay the event fee. Registration is due by Monday, July 24th but registration the day of event will be accepted.

Men's Doubles ☐ **Partner's Name:** _____

Women's Doubles ☐ **Partner's Name:** _____

Mixed Doubles ☐ **Partner's Name:** _____

Cost: First Event ☐ \$50.00 Second Event ☐ \$25.00 **Total:** _____

T-shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL **Total:** _____

Extra Event T-shirt(s) Needed \$15 each: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL **Total:** _____

Grand Total: _____

***Please make checks payable to the Independence Foundation.**



Waiver of Liability

I know that participating in a sport with physical activity may potentially be hazardous. I understand that I should not participate unless I am medically able and properly trained. I assume the risk of playing in the Independence Bank Pickleball Tournament. I also assume any and all risk associated with playing in this event included but not limited to falls, contact with other participants all such risk being known and appreciated by me knowing these facts, and in consideration of you accepting my entry. I, hereby, for myself, my heirs, executors, administrator or anyone you might claim on behalf, convent not to sue, and waiver release and discharge of all sponsors: Independence Bank, and event volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. This release and waiver extends to all claims of every kind and nature whatsoever, for reason foreseen and unforeseen, known and unknown. The undersigned waiver grants full permission to all sponsors and/or agents by them to use my photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Applications for minors will be accepted with a parent signature.

Participants Signature: _____ **Date:** _____

Parent/Guardian Signature (If under 18): _____ **Date:** _____