



Health. Justice. Hope.

Liability Waiver Form

Event/Activity: Pickleball Tournament of Hope

Hereafter referred to as “the Event.”

Date(s): September 19, 2026

Location: Lawrence Scott Park, Kennewick Wa

Participant Information:

Name: _____

Participant under 18? Yes No **Legal Guardian Name:** _____

Address: _____

Phone: _____ **Email:** _____

Emergency Contact Information:

Name: _____

Phone: _____ **Relationship:** _____

Acknowledgment of Risk:

I, the undersigned, acknowledge that I am voluntarily participating in the Event at the date and location listed above. I understand that participation in this event/activity may involve certain risks, including but not limited to physical injuries, slips, trips or falls, weather or health related risks or illness, damage to personal property, loss of personal items, or financial loss.

Release of Liability:

In consideration of being allowed to participate in the Event, I hereby release, waive, discharge, and hold harmless Lutheran Community Services Northwest, its officers, directors, employees, volunteers, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any financial or property loss that may be sustained by me, whether caused by the negligence of the releasees or otherwise, while participating in the Event.

Indemnification:

I agree to indemnify and hold harmless Lutheran Community Services Northwest from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in the Event, whether caused by the negligence of the releasees or otherwise.

Acknowledgment:

I have read this Liability Waiver Form, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____

Printed Name: _____ **Date:** _____