

Coachella Valley Grand Prix Tennis LLC
DBA: Desert Pickleball Camps
Hold Harmless Waiver - Must Be Signed By Each Participant

Waiver: I agree to assume all risks and hazards to insure against all losses incidental to participation in this event, and to release, indemnify and hold harmless Michael Bailin, Kim Scholz, Mike Moonan, Scott Burr, Coachella Valley Grand Prix Tennis LLC doing business as Desert Pickleball Camps, Paradise Pickleball, Embassy Suites and all of their sponsors, their officers, directors, volunteers, agents, representatives and camp participants from any and all claims for personal injury, property damage or loss of any kind incidental to participation in this event.

Assumption of Risk: Participation in the camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but include 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries such as eye injuries, joint bone or back injuries, heat stroke, heart attacks, and concussions, and 3) catastrophic injuries such as paralysis and death. 4) COVID-19 and any other pandemics that exist at the time of the event. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in playing pickleball. I assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless all the parties listed in paragraph titled Waiver above from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the camp.

Use Permission: I also give the Coachella Valley Grand Prix Tennis LLC organization and its agents and designees permission to use or distribute, without limitation or obligation, my image, name, voice, and words for any purpose connected with the camp, including social media, promotional, marketing, training, informational, and archival uses.

Participant Signature _____

Print Name _____

Date _____

Cellular phone # _____