

University of Rochester Medical Center Fitness Center
 Registration and Program Participation Agreement - **Pickleball**

Name _____

Email _____ Phone _____

I want to play with _____



I can play on Mondays	4:30p	5:15p	6:00p
I can play on Tuesdays	4:30p	5:15p	6:00p
I can play on Wednesdays	4:30p	5:15p	6:00p
I can play on Thursdays	4:30p	5:15p	6:00p
I can play on Fridays	4:30p	5:15p	6:00p



In consideration of being granted admittance to the pickleball league sponsored by the University of Rochester Medical Center Fitness Center (“Center”), I hereby:

1. Agree to make myself familiar and comply with all rules and regulations of the UR, College Town and the Fitness Center, and to make myself aware of any changes. I understand that the Center has the right to terminate my participation if I fail to comply, or if I fail to follow the instructions of College Town or Center personnel. I understand that in the event of such termination, fees will not be refunded.
2. Agree that prior to participating, I will inspect equipment and premises for dangerous conditions. I further agree that I will not participate in any activity or use equipment that I believe to be beyond my capabilities, and that I will report any dangerous or unsafe equipment or premises to the College Town green or Center personnel and other participants.
3. Understand that I will be engaging in activities that involve the risk of serious injury, including permanent disability and death, which might result not only from my own action or inaction, but also from the action or inaction of others, the rules of play, or the condition of premises or equipment. I acknowledge that there may be other risks not known to me or foreseeable.
4. Affirm that I am in good health and able to use the equipment provided and participate in the activities sponsored by the Center. I understand that it is my responsibility to consult with a physician prior to executing this release regarding any past or present illness or condition affecting my ability to participate in programs sponsored by the Center and to restrict my participation in accordance with my physician’s recommendations.
5. Understand that under no circumstances am I entitled to a refund of monies paid for this program.
6. Grant permission, in the event of an injury, to have a doctor, nurse, or medical emergency personnel provide me with emergency medical treatment and agree that I will bear any costs associated with such treatment.
7. Release, waive, discharge, and covenant not to sue the University of Rochester, its employees, instructors, trainers, or agents for any and all claims, demands, losses, or damages on account of injury, including permanent disability and death, or damage to property caused or alleged to be caused, in whole or in part by the negligence of the releasers or otherwise.

I HAVE READ THE ABOVE AGREEMENT, INCLUDING THE WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING BELOW AND AFFIRM THAT I **DO SO** VOLUNTARILY.

Print name _____

Signature _____ Date _____

Emergency Contact Name _____ Emergency Phone _____