

Rotary



Club of Clarence

Hold Harmless Form

Name of Activity: **Pickleball Clinic**

Date: _____

Name _____

Date of Birth _____

Complete Address _____

Phone Number _____

Email Address _____

I, _____, (print name) have been informed of the above activity sponsored by The Clarence Rotary Club and understand my participation in this event is voluntary.

I, _____, (print name) further understand that reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold The Clarence Rotary Club, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my participation in this event.

Signature _____

Date Signed _____