

Publicity-

WOMAN'S PICKLEBALL!

ALL AGES! BEGINERS ESPECIALLY WELCOME!!

Women's Ministry has a great opportunity for laughs, fellowship, and fun!

Invite your family and friends! A brief devotional Gospel message will be shared each week

INFO: Woman's Ministry Pickleball Fellowship

Games played at CCOB - indoor/outdoor court location is weather-dependent

**Player Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

DOB: \_\_\_\_\_

**In Case of Emergency, please contact: (Must Have two please)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Expectation of Behavior**

Regardless of faith, all players are expected to represent an exemplary code of conduct, both on and off the field. Complaining, derogatory or foul comments, profanity, taunting, criticizing, or jeering. Players are expected to display best courtesy and manners to all. Good sportsmanship is the rule, not the exception.

All players playing that day are required to attend the Christian devotional between games.

\_\_\_\_ Check here to acknowledge that you have read, understand and agree to abide by the Expectations of Behavior.

**Release and Hold Harmless Agreement/Waiver of Liability Form**

I, the undersigned participant, request voluntary participation for myself to participate in the flag football games on the specified dates and times sponsored by Calvary Chapel Old Bridge (CCOB), of which are hereinafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance, if I so possess personal medical insurance, as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. In consideration of my participation in the activity, I hereby waive all claims or causes of action against CCOB and the officers, directors, employees, and agents, arising out of my participation in the activity and hereby release, hold harmless, and discharge against CCOB and the officers, directors, employees and agents from all liability in connection therewith.

\_\_\_\_\_ Check here to acknowledge that you have read and understand this release and hold harmless agreement. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against CCOB and the officers, directors, employees and agents is knowingly given up in return for allowing my participation in the activity.