

**Waiver, Release & Indemnity**

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I, \_\_\_\_\_ hereby agree to the following:

That I am participating in the     **All** PAL/FGMBC Mixed 55+ Pickleball Programs  
Program/Activity

    Tuesday Jan 9/24 to Fri, Apr 5/24 – 9:30 am to 1:00 pm  
Start Date & Time

This program/activity was organized and run by Pembina Active Living (PAL 55+)

1. I recognize that this program/activity requires some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this activity.
3. In consideration of being permitted to participate in this activity, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating.
4. I, the undersigned, hereby release, waive, forever discharge, hold and save harmless and agree to indemnify all of Pembina Active Living (PAL 55+) and its respective employees, agents, and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, in respect to death, injury, loss or damage to my person or property however caused, arising as a result of or in any way connected with my participation to the event, as a participant or otherwise, whether prior to, during or subsequent to the event.
5. By signing this waiver, I acknowledge, have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that I am physically fit to participate in this event. I have been offered the opportunity to ask questions about the program/activity and have had all my questions answered in a satisfactory manner by Pembina Active Living (PAL 55+) staff and/or the program facilitator.
6. I have been warned of the potential risk of injuries when running/shuffling backwards.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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

Participant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_