## MALDEN RECREATION FALL 2016 CHUTES & LADDERS WOMEN'S PICKLEBALL TOURNAMENT



	DOB:	Phone#	
PARTICIPANT'S EMAIL:			
ADDRESS:	CITY:	STATE:	ZIP:
EMERGENCY CONTACT:		PHONE #	

## WAIVER OF LIABILITY ( Please read before signing)

I hereby agree to indemnify, defend and hold harmless the City of Malden, its officers, employees, agents and volunteers from and against any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees and court costs in any way arising from my participation in the Fall 2016 Women's Pickleball Tournament. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Malden to photograph or video me participating in this event or activity for advertising purposes for the City of Malden and acknowledge I will not receive any compensation for such use.

## My signature acknowledges that I understand and agree to the above conditions.

Participant Signature Pl	ease Print Name:	Date:
MAIL-IN OR DROP-OFF REGISTRATION FORMS:	DEPARTMENT	QUESTIONS / NEED ASSISTANCE?
Macdonald Stadium Recreation Department		CALL US:
32 Pearl Street		781-397-7168 ( Se habla Español)
Malden, MA 02148		EMAIL US:
<ul> <li>ALL FEES DUE WHEN SUBMITTING REGISTRATION AN CONSENT FORM.</li> </ul>	<sup>®</sup> RECREATION	Joe Levine Jlevine@cityofmalden.org
PAYMENTS ARE NON-REFUNDABLE	City of Malden	Peter Sullivan
CHECKS PAYABLE TO: Malden Recreation Department	City of Maidell	Pesull48@gmail.com