



Waiver:

I understand, recognize, and acknowledge that certain activities conducted or taking place at Pickleball Palace are potentially hazardous and may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the program that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my participation and/or my guests' participation in the program. I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved.

I understand the guidelines, and have read and acknowledged the following waiver, covering all party participants and guests.

Signature: _____ Date: _____

Please sign and email the contract to :info@pickleballpalacenj.com.

Accepted forms of payment include credit card (3% fee applied), check and Zelle (917-689-1716).