

# MURRAY CITY PARKS AND RECREATION

## PICKLEBALL PLAY!

**Oct 25 - Nov 17**

Adult players of all skill levels are invited to register for indoor Pickleball Play. This is a rotating format where players will rotate after each game. We will run 3 nets, so space is limited. Pre-register online to ensure your spot.

**Where: The Park Center**

**Days: Mon & Wed**

**Time: 9am-11am**

**\$5 for Park Center  
Members**

**\$30 for Non-Members**

REGISTER ONLINE AT [MCREG.COM](http://MCREG.COM)



**The Park Center**  
202 E. Murray Park Ave  
(801) 284-4200  
[murray.utah.gov](http://murray.utah.gov)

**Joe Gourley**  
Assistant Park Center Director  
[jgourley@murray.utah.gov](mailto:jgourley@murray.utah.gov)

**PICKLEBALL PLAY**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Email \_\_\_\_\_

Does the participant have any physical limitations? Yes \_\_\_ No \_\_\_ If so, please Explain \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I have read and understand all of the pickleball play rules and guidelines (reverse side). I will follow all program and facility rules. Program is not transferrable. No subs, replacements or refunds. This is a pilot program and may require some modifications to the program.

[ ] Session One \$ 5 member [ ] Session One \$30 non member

**MURRAY CITY PARKS AND RECREATION**  
**RELEASE OF LIABILITY AND WAIVER OF CLAIMS**

**READ BEFORE SIGNING**

IN CONSIDERATION OF being allowed to participate in any way in Pickleball Play and its related events and activities, I hereby acknowledge, appreciate, and agree that:

The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my participation; and,

I willingly agree to comply with the Activity’s rules and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and,

I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the “City”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law.

I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

**I HAVE READ THIS RELEASE OF LIABILITY AND WAIVER OF CLAIMS FORM AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant’s PRINT Name \_\_\_\_\_ Date \_\_\_\_\_

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>
PAID \$ _____
CASH CHCK CC
DATE _____
STAFF _____