

MURRAY CITY PARKS AND RECREATION

2026

# INDOOR PICKLEBALL

SESSION 1

**JANUARY 6- FEBRUARY 12**

**\$30 Murray Resident**

**\$40 Non-Resident**

**TUESDAY**

**WOMEN'S 3.0-3.5**



**THURSDAY**

**MIXED 2.5-3.0**

**WARM UP@9AM**

**GAMES@9:15AM**

**AT THE PARK CENTER: 202 E. MURRAY PARK AVENUE**

## LEAGUE INFORMATION

THIS IS A SIX-WEEK LEAGUE OF INDIVIDUAL ROUND ROBIN PLAY. SIX GAMES WILL BE PLAYED EACH DAY WITH DIFFERENT PARTNERS EACH TIME. PLAYERS WILL BE RESPONSIBLE FOR FINDING THEIR OWN SUB. PLAYERS THAT HAVE SUBS WILL NOT BE ELIGIBLE FOR SESSION PRIZE FOR HIGHEST SCORER. REGULAR SCORING GAMES TO 11 POINTS, CAP AT 13. ALL DIVISIONS WILL HAVE A 15-MINUTE WARM-UP BEFORE GAME TIME.



REGISTER ONLINE  
**MCREG.COM**



FOR MORE INFORMATION  
CALL 801-284-4200

RECREATION COORDINATOR: JACE SHANK | JSHANK@MURRAY.UTAH.GOV



# INDOOR PICKLEBALL 2026 SESSION 1

☐ Tuesday Women's 3.0-3.5

☐ Thursday Mixed 2.0-2.5

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M/F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does the Participant have any limitations? Y/N If yes, please describe: \_\_\_\_\_

How did you hear about this program? Murray Journal \_\_\_\_ Social Media \_\_\_\_ Website \_\_\_\_ Flyer \_\_\_\_ Poster \_\_\_\_  
Email \_\_\_\_ Word of Mouth \_\_\_\_ Previous Participant \_\_\_\_

## 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 INDOOR PICKLEBALL 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 to participate. 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.

## REFUND POLICY

Refunds must be requested in written form. As per Murray City Parks and Recreation policy & procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director's discretion. Initials: \_\_\_\_\_

## MEDIA CONSENT

☐ Opt In: I hereby grant permission to Murray City to use my photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Initials: \_\_\_\_\_

☐ Opt Out: Initial if you do not authorize Murray City to post or publish your name or media while participating in the above activity to any Murray City operated website. Initials: \_\_\_\_\_

By signing this CONCUSSION POLICY, RELEASE OF LIABILITY AND WAIVER OF CLAIMS, REFUND POLICY, AND MEDIA CONSENT, I acknowledge that I have read its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effects.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY PAID: \_\_\_\_\_ CASH CHECK CC DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_