

BROWN COUNTY HEALTH FAIR

PICKLEBALL

TOURNAMENT

TEAM NAME

PARTICIPANT

#1 _____ EMAIL _____ PHONE _____

PARTICIPANT

#2 _____ EMAIL _____ PHONE _____

COST 40\$

JUNE 12TH 2026

In consideration of being allowed to use/participate in the above event (Mt. Orab Snap Fitness Health Fair, Pickleball Tournament), date indicated above. The undersigned hereby releases and waives all claims for liability against Mt. Orab Snap Fitness, Mt. Orab Ohio, the Mt. Orab Sports Complex, their owner, employee, and personal trainers, in and/or outside the facility, and any other health related officials related to Snap Fitness Mt. Orab, volunteers and any and all individuals with the undersigned group organization's use of the above property. The undersigned agrees to indemnify and hold harmless, Mt. Orab Snap Fitness, Mt. Orab, Ohio and the Mt. Orab Sports Complex, all named within this event stated in the above, and any organization assisting from any and all liability arising out of, or in any manner predicated upon, loss or damage to property, injury or death to members of the undersigned group or organization, which injury may occur in connection with the use of the above described event and/or property, whether or not such injury, loss or damage arises, in whole or in part, from the negligence of the Event, all of the said individuals participating in the aid of this event.

The undersigned further states that she/he is lawful age and legally competent and empowered to sign this waiver and release on his/her own behalf of his/her principal, and that such waiver and release is freely given and based upon no statement or representation from Mt. Orab Snap Fitness, and all that participate that aid or assist in this event. _____ (team initial)

Date _____