Greenville County Smash Pickleball Tournament
APRIL 9 & 10, 2021
Rain date - Sunday, April 11th
Northside Park
101 W. Darby Rd., Greenville, SC 29609

ENTRY FORM
One Event: $40; Two Events: $45

Player's Name: _____

Partner's Name: _____
(Please note your partner must pay the entry fee too!)

Mixed Partner's Name: _____
(Please note your partner must pay the entry fee too!)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: (____)_____ **Secondary Phone:** (____)_____

Email: _____

Emergency Contact: _____ **Primary Phone:** (____)_____

Please select what applies to you:

EVENT:	✓	MIXED DOUBLES	AGE: (As of 12/3/21)	✓	18+	SKILL LEVEL:	✓	2.5-3.0
		WOMENS DOUBLES			50+			3.5
		MENS DOUBLES			65+			4.0
								4.5

Payment:
One Event: _____ **$40.00** **Two Events:** _____**$45.00**

Total: _____**$**

Please complete the entry form, credit card form, & waiver and mail completed forms to:
Greenville County Smash Pickleball Tournament
4806 Old Spartanburg Road
Taylors, SC 29687
If assistance is needed please call Joni Dilworth, 864-467-3354 or email jdilworth@greenvillecounty.org

You can also register on line at www.greenvillerec.com

WAIVER AND RELEASE FORM

Please read carefully.

I understand pickleball activities involve running, jumping, and other physical activities, which can result in bodily injury. I hereby release and hold harmless the County of Greenville, Greenville County Parks, Recreation & Tourism, its agents and employees from any liability from any injuries or damages resulting from my participation in the 2021 Greenville County Pickleball Smash. I understand photographs of participants may be taken during the tournament and I give permission for Greenville County Parks, Recreation & Tourism to use those photographs in publicity materials.

Participant's Name Printed:_____

Participant's Signature:_____

Date:_____

4806 Old Spartanburg Road * Taylors, SC 29687 * Tel: 864.288.6470 * Fax: 864.288.6499
www.greenvillerec.com

Office Use Only

Date:_____

By:_____

For security and protection of your financial information
RETURN BY US MAIL OR HAND DELIVER ONLY

Greenville County Parks, Recreation, & Tourism
4806 Old Spartanburg Road
Taylors, SC 29687

(864) 288-6470

Credit/Debit Card Payment Authorization Form

Customer Information

Last Name:_____ First Name: _____

Address:_____ City: _____ Zip:_____

Phone number: _____Email address: _____

Payment Information

I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card on file for fees incurred at time of registration. I agree that I will pay for these charges in accordance with the issuing bank cardholder's agreement.

Cardholder's Signature _____ Date: _____

Credit Card Information

Please print.

Cardholder's Name: _____
(as it appears on the credit card)

Credit Card Billing Zip Code (required) _____
(from credit card billing address)

Destroyed After System Entry

Credit card number: _____ Expires: _____ CVV Code: _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE CORONAVIRUS/COVID 19) RELEASE FORM – ADULT

PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. ***COVID-19 is extremely contagious*** *and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.*

The County of Greenville, acting through its Department of Parks, Recreation & Tourism ("GCPRT") has put in place preventative measures to reduce the spread of COVID-19; however, the County of Greenville, acting through GCPRT, ***cannot guarantee*** *that you or your family and others you come in contact with will not become infected with COVID-19. Further,* ***participating in any GCPRT program could increase*** *your risk of contracting COVID-19.*

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself, my family, and others I come in contact with may be exposed to or infected by COVID-19 by ***participating in any GCPRT program*** *and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at or during any* ***GCPRT program*** *may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, youth associations, officials, and program participants and their families.*

I further understand that by participating in any GCPRT program there is the risk of personal injury, illness, permanent disability, and death and by signing this agreement I acknowledge the dangers inherent in my participation in any GCPRT program.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with any GCPRT program ("Claims").

Participant Initials: _____

On my behalf, and on behalf of my spouse, family, children, estate, heirs, executors, administrators, assigns, and personal representatives, I hereby forever release, waive, discharge, hold harmless and covenant not to sue the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, whether an injury and/or COVID-19 infection occurs before, during, or after participation in any ***GCPRT program.***

I, _____ (Participant's Name) give permission for myself to participate in _____(Program Name), sponsored by the County of Greenville's Department of Parks, Recreation & Tourism ("GCPRT"). I further agree to hold harmless the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives from any claims based on actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

I have entered into this document on the basis of my own information and not in reliance upon representations of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives.

I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this document exist.

I further agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

I have read and understood this document and I agree to be bound by its terms.

Participant's Signature: _____
Participant's Printed Name: _____
Witness: _____
Date: _____

Program Participating In: _____

4806 Old Spartanburg Road * Taylors, SC 29687 * Tel: 864.**288.6470 * Fax : 864.288 .6499**

ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE CORONAVIRUS/COVID 19) RELEASE FORM - YOUTH

PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. ***COVID-19 is extremely contagious*** *and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.*

The County of Greenville, acting through its Department of Parks, Recreation & Tourism ("GCPRT") has put in place preventative measures to reduce the spread of COVID-19; however, the County of Greenville, acting through GCPRT, ***cannot guarantee*** *that you or your child(ren) will not become infected with COVID-19. Further,* ***participating in any GCPRT program could increase*** *your risk and/or your child(ren)'s risk of contracting COVID-19.*

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in any GCPRT program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at any GCPRT program may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, partners, youth associations, officials, and program participants and their families.

I further understand that by participating in any GCPRT program there is the risk of personal injury, illness, permanent disability, and death and by signing this agreement I acknowledge the dangers inherent in my child(ren)'s participation in any GCPRT program.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation and attendance in any GCPRT program ("Claims")*.*

Parent / Guardian Initials: _____

On my behalf, and on behalf of my spouse, family, children, estate, heirs, executors, administrators, assigns, and personal representatives, I hereby forever release, waive, discharge, hold harmless and covenant not to sue the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, whether an injury and/or COVID-19 infection occurs before, during, or after participation in any ***GCPRT program****.*

I, _____ the Parent/Guardian of _____ (Participant's Name) give my permission for my child(ren) to participate in _____(Program Name), sponsored by the County of Greenville's Department of Parks, Recreation & Tourism ("GCPRT").

I further agree to hold harmless the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives from any claims based on actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

I have entered into this document on the basis of my own information and not in reliance upon representations of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives.

I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this document exist.

I further agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

I have read and understood this document and I agree to be bound by its terms.

Parent/Guardian's Signature: _____
Parent/Guardian's Printed Name: _____
Witness: _____
Child/Children's Name: _____
Date: _____

Program Participating in: _____

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