



REBA AND SAM SANDLER FAMILY CAMPUS  
of the Tidewater Jewish Community

**The Marilyn and Marvin Simon Family Jewish Community Center on**  
The United Jewish Federation of Tidewater Inc. and The UJFT Community Campus L.L.C.  
**5000 Corporate Woods Drive**  
**Virginia Beach, VA 23462**  
**(757) 321-2338**

**SIMON FAMILY JCC GUEST/PARTICIPANT WAIVER**

**Pickleball Courts**

Participant's Name (PRINT) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

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

**JCC Program Participant Agreement/Waiver**

**THE UNDERSIGNED GUEST AGREES TO ABIDE BY THE RULES OF THE JEWISH COMMUNITY CENTER (JCC) WITH SPECIFIC REGARD TO USE OF THE PICKLEBALL COURTS. USE OF ANY OTHER UNRELATED COMPONENTS OR FACILITIES OF THE JCC OR SANDLER FAMILY CAMPUS WILL REQUIRE A JCC MEMBERSHIP.**

The undersigned guest agrees that all use of the JCC's facilities, services and programs shall be undertaken at his (her) sole risk and the JCC shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing the JCC facilities, services and programs. The guest, for himself (herself) and on behalf of his (her) executors administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue the JCC, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of the JCC facilities, programs and services.

The undersigned guest declares that they are physically able to participate in physical activity. Furthermore, guest declares that the JCC has advised guest to obtain a medical clearance in the event they have a history of serious medical ailments, or if they are unsure of their physical health and that guest maintains that he (she) is physically capable of pursuing physical activity in the JCC without such steps being taken or has done so.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_



## VIRGINIA 757 PICKLEBALL ASSOCIATION LIABILITY WAIVER

**Assumption of Risk** - Participation in the Virginia 757 Pickleball Association activities ("Activities") carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary but may without limitation include 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries such as eye injuries, dental injuries, joint, bone or back injuries, heat stroke, heart attacks, and concussions, and 3) catastrophic injuries such as paralysis and death. I have read the above paragraph and I know, understand, and have been advised of these and other potential risks that are inherent in playing Pickleball and in attending Pickleball Activities.

I assert that my participation in these Activities is voluntary and that I knowingly assume all such risks.

**Waiver** - In consideration of being permitted to participate in any way in the Virginia 757 Pickleball Association Activities, I, for myself, my heirs, or assigns, do hereby release, waive, discharge, and covenant not to sue the Virginia 757 Pickleball Association, its officers, directors, employees, and agents, either individually or severally, from liability for any and all claims for accident resulting in property loss, personal injury, illness, *or* death arising from my participation in the Activities.

**Indemnification and Hold Harmless** - I hereby agree to indemnify and hold harmless the Virginia 757 Pickleball Association from any and all claims, actions, suits, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in Activities.

**Use Permission** - I give the Virginia 757 Pickleball Association, its agents, and designee's permission to use or distribute, without limitation or obligation, my image, name, voice, and words for any purpose connected with the Activities, including promotional, marketing, training, informational, and archival uses.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Guardian signature ( for participants under age 18) \_\_\_\_\_ Date \_\_\_\_\_