



## WAIVER AND ACKNOWLEDGMENT – INSURANCE COVERAGE

I acknowledge that as a **non-member** of Pickleball Canada Organization and/or as an **international participant**, I am **not covered under any insurance policy** held by Pickleball Canada Organization or its affiliated Provincial/Territorial Organizations.

I understand and agree that:

- I am participating at my own risk.
- I am not entitled to any accident/medical, liability, or general insurance coverage provided to Pickleball Canada members.
- It is my sole responsibility to obtain appropriate insurance coverage for myself, if desired.

By signing this waiver, I release and hold harmless Pickleball Canada Organization and its affiliated associations from any liability or claim arising from my participation in any event, tournament, or activity held under its name or sanction.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Participant: \_\_\_\_\_

Please print name clearly: \_\_\_\_\_

Event name: \_\_\_\_\_

I confirm I have read and understood the above.