

Burrillville Parks & Recreation
Indoor Pickleball
Registration Form

Participant's Name:	E-Mail:
Address:	
Home Phone:	Emergency Name:
	Emergency Phone:
<u>There is no fee for this class</u> Coordinator: Bill Beatson Phone: 401-651-2423	Each Monday beginning January 22, 2024 6:00 PM to 9:00 PM Callahan Elementary School Gym

WAIVER

I/we, the undersigned for ourselves, our heirs, executors, and administrators, waive, release, and hold harmless the Town of Burrillville and/or Kevin Mulkern and/or Bill Beatson, its staff, officers, agents, employees, representatives, successors, and assign of and from all rights/claims for damages, loss to person or property, which may be sustained or occur before, during or after participation in the Indoor Pickleball Program or anywhere on the demise premises, including the parking lot, which are caused by willful, wrongful act, negligence, or default of the lessee, its agents and servants. It is understood that the Town of Burrillville does not provide health and accident coverage, or any insurance, for participants, nor does Kevin Mulkern or Bill Beatson, the coordinators. In consideration of my participation, I hereby release the town of Burrillville and/or Kevin Mulkern and/or Bill Beatson, from responsibility for any injuries that may occur during this (these) activities.

Signature of Participant:_____

Date:_____