

Free Shirt IF
Reg by Dec.
8th

**My Brothers Keeper
Pickleball Tournament
December 27th & 28th, 2024**

First Name: _____ Last Name: _____

Birthdate: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt Phone #: _____ Email: _____

Registration Fee: \$35 per individual

Divisions: Circle tournament(s) you want to enter. (Limited Space Per Division)

Friday December 27th

Senior 60+ Men's Division & Senior 60+ Women's Division (Round Robin Individual) @ 8:00AM

3.0 Women's Division & Men's Division (Round Robin Individual) @ 11:00AM

3.5 MIXED Doubles at 2:00PM **Partners Name:** _____ **Shirt Size:** _____

4.0+ MIXED Doubles at 5:00PM **Partners Name:** _____ **Shirt Size:** _____

Saturday December 28th

3.5 Men's Division & Women's Division (Round Robin Individual) @ 8:00AM

3.75 Men's Division & Women's Division (Round Robin Individual) @ 11:00AM

4.0+ Men's Division & Women's Division (Round Robin Individual) @ 2:00PM

Shirt sizes

(Circle one)

YM 10-12

YL 14-16

AS

AM

AL

AXL

AXXL

AXXXL

AXXXXL

Liability Waiver

For and in consideration of my being allowed to participate in the My Brother's Keeper Pickleball Tournament at the Oregon Trail Rec Center. I do hereby release the My Brother's Keeper and Oregon Trail Recreation District (OTRD), a political subdivision of the State of Idaho, and any and all other officers, employees, volunteers, agents, insurers and any elected or appointed officials of said individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my participation in such event. I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me participating in this event, and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release My Brother's Keeper and any and all elected or appointed officials of said individuals, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental sustained by me while I am participating in said event in any way, including my coming and going from and away from the site. I have read the foregoing and understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement. This release shall be valid until revoked by the executing party.

Participant's Signature: _____ **Date:** _____

Please write checks to "My Brothers Keeper"

Cash:

Check #

Card: