



In consideration of my pickleball activities I do hereby release, discharge, and agree to hold harmless Lake Mary Ronan Lodge & Resort , its officers, members, administrators, employees, and/or other individuals associated with Lake Mary Ronan Lodge & Resort from any and all liability, claims, demands, or actions which may accrue as a result of any injury, whether accidental or otherwise, illness, or other loss which I may sustain as a result of participation in pickleball and related activities. This release covers activities on our premises and activities involving travel: (1) to and from the courts; (2) to and from trip activity sites; (3) to and from various locales visited during the event by any mode of transportation.

Initials: _____

I further agree that I will not institute any action, or suit at law or in equity, against Lake Mary Ronan Lodge & Resort, its officers, members, administrators, employees, and/or other individuals associated with Lake Mary Ronan Lodge & Resort, and I will not institute, prosecute, or in any way aid in the damages, costs, loss of services expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property resulting from my participation in trip activities sponsored or facilitated

I am not aware of any physical limitations, including limited mobility, which may limit my ability to participate in activities for this event. If I do have such limitations, I have informed Lake Mary Ronan Lodge & Resort of these limitations and discussed whether Lake Mary Ronan Lodge & Resort will be able to accommodate these physical limitations during this event.

I acknowledge that my medical insurance is my primary coverage, and it is my responsibility to ensure that said insurance will cover possible medical needs, including pre-existing conditions, during this event. This includes, but is not expressly limited to, medical treatment in a Montana, medical treatment in a Montana health care facility, medical evacuation, and follow up or additional treatment upon my return home. I understand and acknowledge that should a medical emergency arise during this event, access to and treatment at a medical facility may be limited.

Initials: _____

I understand that I am solely responsible for my personal property, which means that Lake Mary Ronan Lodge & Resort will not be responsible for the safekeeping or custody of any such property.

Initials: _____

I have carefully read the above release and agreement prior to its execution, and I am fully familiar with the contents thereof. I agree that this Agreement will be governed by the laws of State of Montana, United States of America and is intended to be as broad and inclusive as permitted by the laws of the State of Montana, United States of America, and that if any portion of this Agreement is held invalid, the balance of the Agreement shall, notwithstanding, continue in full legal force and effect. This release shall be binding upon me, my heirs, administrators, personal representatives, and assigns, forever.

Initials: _____

I hereby warrant that I am at least 18 years of age and have the right to contract in my own name.

Print Name: _____

Sign: _____ Date: _____