SELDEN FIRE DEPARTMENT
PICKLEBALL TOURNAMENT REGISTRATION FORM

September 12, 2026 11:30am Check in, 12 noon Play
Rain Date September 13, 12 noon
For Information Call: 631.732.1237
Attn Pickleball Tourn:44 Woodmere place, Selden NY 11784

REQUIRED Registration Information

Last Name:	First Name:		
Address:	City:	St:	Zip:
Mobile Phone:			
Email Address:	Agency:		
Emergency Contact Name:	Mobile Phone:		
Your Status: (Please Circle One) ◯ Firefighter	◯ EMS	◯ Police	◯ Retiree

SKILL level (Please Circle) ◯ Beginner ◯ 2.5 ◯ 3.0-3.5 ◯ 4.0+

Doubles Partner: Name:	Phone Number:

Individual Agreement, release and Waiver of liability

In consideration of being permitted to participate in the The Pickleball Tournament hosted by the Selden Fire Department held at the Brookhaven town Centereach Pool and related events and activities;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT;
   (a) To the best of my knowledge, I am in Good Physical Condition and have no Disease or injury that would aggravated by participating in activities related to the Tournament;
   (b) Participating in the Tournament may involve RISK OF INJURYTO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other Consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
   (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding ALL of the above.

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
   (a) Selden Fire Department and Brookhaven Town or any of its agencies, residents, employees or volunteers, coaches, trainers and officials affiliated with the organizations or any other individuals affiliated with the Tournament;
   (b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;

(c) Employees of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en-route to and from the Games.

(3) I FURTHER AGREE THAT: b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and /or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Tournament. WITHOUT COMPENSATION.

(c I have read and agree to the Pickleball Tournament at the Centereach Pool no refund Policy after registration cut-off.

(4) I CONCENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the games.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND HAVE PROVIDED TRUTFUL INFORMATION

Player #1 Print Full Name	**Signature**	**Date**
Player #2 Print Full Name	**Signature**	**Date**

All participants must complete the agreement, Release and Waiver of Liability in order to compete.