

NK Rec Department's **FREE Pickleball COVID Style**



Wilson and McGinn Park courts ARE OPEN as long as the public Adheres to social gathering and distancing policies according to local, & state authorities. Limit your distance to six feet or more to other players.

As of May 1, 2021 until further notice, the North Kingstown Recreation Department asks you to observe the following rules.

Wear a mask, both on and off the court.

Bring your own paddle, balls, and sanitizer.

Store your own chair and gear by the red tape marks that are six feet apart on the fence. Stay in that area when rotated out.

Learn how to set up and take down the nets and sanitize the nets when finished.

DO NOT PLAY IF:

- *Are exhibiting any symptoms of the coronavirus: mild to severe respiratory illness with fever, coughing, difficulty breathing, or other symptoms identified by the CDC.*
- *Have been in contact with someone with COVID-19 in the last 14 days.*
- *You have a serious underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, or whose immune system is compromised*



To Be Placed on the PICKLEBALL Mailing list: email your name and contact information to recreationsecretary@northkingstown.org

The 2021 season is scheduled to start May 1st

Mon, Wed & Fri 8:30-11:30am

Mon & Wed 3-6pm

For more information on this event or others feel free to contact North Kingstown Recreation Department at 268-1540 or email recreationsecretary@northkingstown.org



Town of North Kingstown, Rhode Island
100 Fairway Drive
North Kingstown, RI 02852-5762
Phone: (401) 294-3331
Fax: (401) 583-4140
Web: www.northkingstown.org
<https://nkrec.recdesk.com/Community>

PICKLEBALL ADULT REGISTRATION

PARTICIPANTS NAME: _____

BIRTHDATE: _____

SEX (CIRCLE) M F

ADDRESS: _____ 028 _____

EMAIL ADDRESS _____ @ _____

PRIMARY PHONE: _____

CELL _____ SERVICE PROVIDER _____ OPT IN FOR TEXTS Y N

EMERGENCY CONTACT NAME AND NUMBER: _____

MEDICAL INFORMATION: _____

SIGNATURE: _____ DATE: _____

PICKLEBALL EXPERIENCE? NONE SOME A LOT

Please complete this form as well as the North Kingstown waiver and the COVID waiver

You may drop off in any of our drop boxes, mail to us (write pickleball on the envelope), or scan to kbodington@northkingstown.org or recreationsecretary@northkingstown.org



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ADULT'S CONSENT TO PARTICIPATE
AND HOLD HARMLESS AGREEMENT AND RELEASE

I, (Print Name) _____ (hereinafter the participant) state that I wish to participate

in (Print Name of Event or Program) _____ sponsored by the North

Kingstown Recreation Department (the "Recreation Department").

The participant understands that participation in the above program is VOLUNTARY and that the participant does not have to participate. It is understood that the program involves activities which could result in injury to the participant's person or damage to the participant's property, and that by participating, the participant voluntarily accepts and assumes the risk of personal injury and damage to property.

It is understood that the Recreation Department DOES NOT provide any insurance coverage for the participant's person or property; and the participant acknowledges that he/she is responsible for his/her safety and health care needs, and for the protection of his/her property.

In exchange for allowing the participant to participate in this event or program, the participant agrees to and hereby does release from liability, indemnify, and hold harmless the Town of North Kingstown, its agents, officers, and employees from any injury to the participant's person or damage to the participant's property which arises out of or occurs during or as a consequence of his/her participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Town of North Kingstown, its agents, officers, or employees.

This Hold Harmless Agreement and Release shall be binding upon the participant and the participant's heirs, executors, administrators and assigns.

The participant understands that this document is complete unto itself and that any oral promises or representations made to him/her concerning this document and/or its terms are not binding upon the Town of North Kingstown, its officers, agents and/or employees.



BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTION) SFOR PUBLICIZING NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.

Participant's Legal Name (SIGN): _____ Date: _____



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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread of COVID-19; however, NK Rec **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Rec Programming, being exposed to the public, could increase** your risk and your child(ren)'s risk of contracting COVID19

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Signature

Date

Print Name of Participant(s)
