



## Wellness Committee's

### 2<sup>nd</sup> Annual Pickleball Tournament

**When: Saturday, September 19<sup>th</sup>, 2026**

**Where: CCCC Pickleball Courts (2221 Campus Drive) Concordia, KS 66901**

**Check-in/Warm-up starts at 9:00am – Play starts at 9:30am**

**Entry Deadline:** Entries must be received by Friday, September 18, 2026

- (Registrations submitted with T-Shirts after 9/4/26 won't receive t-shirt until ~2 weeks after the event)

**Max Entries:** Tentative max of 8 teams per bracket (subject to change based on number of registrants in each bracket)

**Casual, Competitive, and Senior (50+) divisions for the following events:**

*Mixed Doubles, Men's Doubles, Women's Doubles*

- *Minimum of 4 teams per division – divisions may be combined if less than 4 teams register.*

**Cost per player:** \$15 for first event, \$5 for additional event

#### Event Selection:

Mixed Casual Bracket ☐

Mixed Competitive Bracket ☐

Mixed Senior (50+) Bracket ☐

Men's Casual Bracket ☐

Men's Competitive Bracket ☐

Men's Senior (50+) Bracket ☐

Women's Casual Bracket ☐

Women's Competitive Bracket ☐

Women's Senior (50+) Bracket ☐

**T-Shirts Available for purchase for \$20 each (amount due upon registration)**

**T-Shirt? (Check one):** Yes ☐ No ☐

If Yes, Size? (Check one): S ☐ M ☐ L ☐ XL ☐ 2XL ☐

#### Player Information:

Name: \_\_\_\_\_ Gender: M ☐ F ☐ Phone Number: \_\_\_\_\_

#### Event 1 Partner Information:

Name: \_\_\_\_\_ Gender: M ☐ F ☐

#### Event 2 Partner Information (if applicable):

Name: \_\_\_\_\_ Gender: M ☐ F ☐

**Please sign and date the waiver on the second page, and return it with your registration. Thanks!**

**Return registration, payment, and waiver to:**

**Luke Miranda**

**785-275-2202**

**lmiranda@nckmed.com**

# RELEASE, PERMISSION, AND INDEMNITY AGREEMENT

## Waiver

In consideration of being permitted to participate in any way in the North Central Kansas Medical Center Wellness Committee's 2<sup>nd</sup> Annual Pickleball Tournament ("the Tournament") on Saturday, September 19<sup>th</sup>, 2026, I, for myself, my heirs, executors, and assigns, do hereby release, waive, discharge, and covenant not to sue North Central Kansas Medical Center, Cloud County Community College, and their respective officers, employees, agents, affiliates, and volunteers from and against any and all claims, demands, liabilities, losses, or damages, including personal injuries, accidents, illnesses (including death), and property damage or loss arising out of or in connection with my participation in the Tournament.

## Assumption of Risk

Participation in the Tournament carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These risks may include 1) Minor injuries such as bruises, sprains, and dehydration, 2) major injuries such as eye injuries, joint, bone, or back injuries, heat stroke, heart attacks, and concussions, and/or 3) catastrophic injuries such as paralysis or death.

**I have read and understood the above. I knowingly and voluntarily assume all such risks associated with my participation in the Tournament.**

## Indemnification

I agree to indemnify and hold harmless North Central Kansas Medical Center, Cloud County Community College, and their officers, employees, agents, affiliates, and volunteers from and against any and all claims, actions, suits, costs, expenses, damages, and liabilities, including attorney's fees, arising out of or resulting from my participation in the Tournament.

## Use of Likeness

I grant permission to the North Central Kansas Medical Center Wellness Committee, its agents, and designees to use or distribute my image, name, voice, and statements in any media for promotional or informational purposes related to the Tournament.

## Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Kansas. Any legal action arising from this Agreement shall be brought in the appropriate court located in the State of Kansas.

## Severability

In the case that any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

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Signature of Participant

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Print Name of Participant

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Date

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Signature of Parent/Guardian (if minor)

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Print Name of Minor's Parent/Guardian

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Date

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Minor's Age