

# **Buhl Park Pickleball Waiver and Release of Liability**

**Please read this document carefully before signing.**

## **Acknowledgement of Risks:**

I, the undersigned, acknowledge that I desire to participate in pickleball activities at Buhl Park (hereinafter “the Park”). I understand that participation in pickleball involves inherent risks, including but not limited to:

- Physical exertion and strenuous activity.
- Risk of falls, slips, trips, and collisions with other players or objects.
- Potential for muscle strains, sprains, fractures, and other injuries.
- Risks associated with weather conditions and outdoor play.
- Risks associated with the condition of the playing surface and equipment.

I understand that these risks may be caused by my own actions or inactions, the actions or inactions of others participating in the activities, or the condition of the facilities and equipment. I voluntarily assume all risks associated with my participation in pickleball at the Park.

## **Release of Liability:**

In consideration of being permitted to participate in pickleball activities at the Park, I, for myself, my heirs, executors, administrators, and assigns, hereby release, waive, and discharge Buhl Park, its trustees, officers, directors, employees, volunteers, agents, and representatives (hereinafter “Released Parties”) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while participating in pickleball activities at the Park.

## **Assumption of Responsibility:**

I agree to be responsible for my own safety and well-being while participating in pickleball activities at the Park. I agree to abide by all rules and regulations established by the Park and to follow the instructions of Park staff and volunteers. I understand that I am responsible for providing and maintaining my own equipment, unless otherwise specified.

## **Medical Treatment:**

In the event of injury, I authorize the Park to obtain necessary medical treatment for me. I agree to be responsible for all costs associated with such treatment.

## **Photo/Video Release:**

I grant Buhl Park permission to use my likeness in photographs, videos, or other media for promotional or informational purposes.

**Severability:**

If any provision of this waiver is held to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable.

**Acknowledgement of Understanding:**

I have carefully read this waiver and release of liability and fully understand its contents. I am aware that I am giving up substantial legal rights by signing it, and I sign it voluntarily.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**If Participant is under 18:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Disclaimer:** This is a sample waiver form and should not be considered legal advice. It is recommended that you consult with an attorney to ensure that this waiver meets the specific requirements of Buhl Park and applicable laws.