

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Southeastern Wisconsin Association of Pickleball, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I, _____, willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Southeastern Wisconsin Association of Pickleball immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin,

HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, Southeastern Wisconsin Association of Pickleball their officers, officials, volunteers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

Email Address _____ Cell. _____

Emergency Contact Information:

In case of an emergency, it is essential for us to have your contact information. Please provide the following details:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Information: Please inform us of any relevant medical conditions or allergies that we should be aware of in case of an emergency. This information will be kept confidential and shared only with medical personnel if necessary.