

# **WAIVER OF LIABILITY**

## **Dinks 4 A Difference Inc. – Youth Pickleball Program (Ages 6–16)**

I, the undersigned parent or legal guardian of the minor child identified below, hereby grant permission for my child to participate in all pickleball-related activities organized and conducted by **Dinks 4 A Difference Inc.**, a Wisconsin nonprofit corporation (the “Organization”). Such activities may include, but are not limited to, instruction, drills, games, scrimmages, tournaments, conditioning sessions, fundraising events, and use of related equipment and facilities.

I understand and acknowledge that participation in pickleball and youth athletic activities involves inherent risks of injury, including but not limited to slips and falls, collisions with other participants, being struck by a paddle or ball, muscle strains, sprains, fractures, concussions, and other bodily injuries. I further acknowledge that these risks may arise from the actions of my child, other participants, instructors, volunteers, facility conditions, or equipment use. Despite reasonable supervision and safety measures taken by the Organization, injuries may still occur.

On behalf of myself and my minor child, I knowingly and voluntarily assume all risks, both known and unknown, associated with participation in the Organization’s activities.

In consideration for my child being permitted to participate, I, on behalf of myself, my child, and our heirs, representatives, and assigns, hereby release, waive, discharge, and covenant not to sue Dinks 4 A Difference Inc., including its directors, officers, board members, instructors, volunteers, agents, sponsors, affiliates, and any facility owners or operators where activities are conducted (collectively, the “Released Parties”), from any and all claims, liabilities, demands, actions, damages, losses, or expenses arising out of or related to any injury, illness, loss, or damage sustained by my child during participation in or attendance at any Organization activity, whether caused by the negligence of the Released Parties or otherwise, to the fullest extent permitted under the laws of the State of Wisconsin.

I certify that my child is physically fit and able to safely participate in pickleball activities. I agree to disclose any relevant medical conditions below. In the event of an emergency and if I cannot be reached, I authorize the Organization and its representatives to obtain emergency medical care deemed reasonably necessary for my child. I understand and agree that I am solely responsible for any medical costs incurred.

I acknowledge that my child is expected to follow all rules, safety instructions, and standards of conduct established by the Organization. The Organization reserves the right to remove any participant who fails to comply with safety guidelines or engages in unsafe, disruptive, or inappropriate behavior.

I further grant permission for Dinks 4 A Difference Inc. to photograph or record my child during program activities and to use such photographs, video, or other media for lawful promotional, educational, or fundraising purposes without compensation, unless I provide written notice declining such permission.

This Agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin. If any portion of this Agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.

I acknowledge that I have carefully read this Waiver of Liability, Assumption of Risk, and Parental Consent Agreement in its entirety, fully understand its terms, and understand that I am giving up substantial legal rights on behalf of myself and my minor child by signing below.

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Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Medical Conditions/Allergies (if any): \_\_\_\_\_