



Washington County | Waukesha

Continuing Education & Professional Development

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I desire to participate voluntarily in the Continuing Education Pickleball program. I acknowledge that intent of the Non-Credit Program is to provide wholesome and positive recreational experiences for all who participate.

Rules and Policies: I accept and will abide by the rules and policies of the Pickleball Program.

Assumption of Risks: I understand that physical activity related to the Pickleball program, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Hold Harmless, Indemnity and Release: In consideration of permission to participate in the Pickleball Program, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin--Milwaukee College of General Studies and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Consent for Emergency Treatment: I authorize the University of Wisconsin-Milwaukee College of General Studies and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Authorization: I give permission to be photographed by UW--Milwaukee College of General Studies and give permission for the photograph to be used with the understanding that it will only be used to illustrate and promote UW-Washington County.

Acknowledgement of Understanding: I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily.

I am eighteen (18) years of age or older, have read the above terms, and agree to them.