



Cupid's Pickleball Shuffle Registration Form

Required registration information due to BRF Rotary by February 1, 2026. First Name:_____ Last Name:_____ City: Zip: Mobile Phone: Email Address: Emergency Contact Name: Phone: **Skill Level** (Circle One): **Beginner** – Starts at 9:00 a.m. Intermediate - Starts at 11:30 a.m. Advanced – Starts at 2:00 p.m. Age:____ Gender (Circle One): Male | Female Shirt Size (Circle One): Small | Medium | Large | X-Large | 2X-Large Payment: \$40 per player Scan the QR Code below to pay via Venmo or mail payment and registration form including the Release of Liability waiver* to: **BRF Rotary** BRF Rotary PO Box 734 Black River Falls, WI 54615

For more info, email mtorkelson@coopcu.com or call or text 715-896-3122.

*If Release of Liability waiver is not signed and returned with registration, you will be required to sign at the competition.

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in pickleball organized by Corina Turriff, Dink With Me and in any way in the Pickleball Coaching International program, 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 RELEASES 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 the Company 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 Corina Turriff, Dink With Me and Pickleball Coaching International, their officers, officials, 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	
PARTICIPANT'S PRINTED NAME	
X	Date Signed:
PARTICIPANT'S SIGNATURE	
EMAIL	
PHONE	

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X	
PARENT/GUARDIAN'S PRINTED NAME	
X	Date Signed:
PARENT/GUARDIAN'S SIGNATURE	
EMERGENCY CONTACT	
EMERGENCY CONTACT PHONE	