



WePickle After School Pickleball Enrichment Program

Parent Participation Agreement, Release of Liability, Medical Authorization, and Media Consent

This Parent Participation Agreement ("Agreement") is entered into between **WePickle ATL, LLC** ("WePickle") and the parent or legal guardian ("Parent/Guardian") of the student identified below.

This Agreement sets forth the terms and conditions governing the student's participation in the WePickle After School Pickleball Enrichment Program ("Program").

I. Student Information

Student Name: _____

School: _____

Grade: _____

Homeroom Teacher: _____

II. Parent/Guardian Information

Parent/Guardian Name: _____

Address:

Cell Phone: _____

Alternate Phone: _____

Email: _____

III. Emergency Contact Information

Emergency Contact Name:

Relationship to Student:

Phone Number:

IV. Medical and Insurance Information

Does your child have any allergies, medical conditions, or physical limitations?

☐ No

☐ Yes (please explain)

Medications the Program should be aware of:

Physician Name:

Physician Phone Number:

Health Insurance Provider:

Policy Number:

V. Program Description

The WePickle After School Pickleball Enrichment Program is designed to introduce and develop pickleball skills while promoting physical fitness, sportsmanship, teamwork, confidence, and healthy lifestyles in a fun and supervised environment.

Activities may include, but are not limited to:

- Pickleball instruction
- Skill development
- Drills
- Match play
- Team activities
- Physical fitness exercises
- Sportsmanship lessons
- Character development activities
- Age-appropriate games and enrichment activities

Program activities may vary based upon participant age, skill level, weather, facility availability, and instructor discretion.

VI. Program Schedule and Fees

Program Dates:

Days of the Week:

Program Hours:

Program Cost:

\$35 registration fee and \$30 per class

Total Cost: \$_____

Payment Method:

Unless otherwise stated in writing, Program fees are non-refundable after the Program begins.

**If WePickle has to cancel a session due to an instructor being unavailable, weather or unforeseen circumstances, a make-up session will be scheduled.

VII. Drop-Off and Pick-Up Procedures

Students will be released only to the Parent/Guardian or individuals authorized in writing by the Parent/Guardian.

Parents are responsible for ensuring that authorized pickup information remains current.

A photo identification may be requested before a child is released.

Parents agree to notify WePickle as soon as possible if someone other than the designated pickup person will be picking up the student OR if the child is absent from school and will not be attending the program.

Students must be picked up promptly at the conclusion of the Program.

Repeated late pickups may result in additional fees and/or dismissal from the Program.

VIII. Student Conduct Expectations

To ensure a safe and enjoyable experience for all participants, students are expected to:

- Demonstrate respect toward instructors, staff, volunteers, and fellow participants.
- Follow all safety instructions.
- Use equipment responsibly.
- Display good sportsmanship.
- Refrain from bullying, fighting, profanity, harassment, or disruptive behavior.
- Respect school and facility property.

Parents understand that repeated behavioral issues may result in disciplinary action, including temporary suspension or dismissal from the Program without refund.

IX. Emergency Medical Authorization

In the event that the Parent/Guardian cannot be reached during a medical emergency, the Parent/Guardian authorizes WePickle personnel to obtain emergency medical care for the student, including transportation to an appropriate medical facility if deemed necessary.

The Parent/Guardian understands that all medical expenses incurred remain the responsibility of the Parent/Guardian and/or the student's insurance provider.

X. Assumption of Risk

The Parent/Guardian acknowledges that participation in pickleball and recreational athletic activities involves inherent risks, including but not limited to:

- Falls
- Slips
- Collisions
- Being struck by a paddle or ball
- Muscle strains
- Sprains
- Broken bones
- Other accidental injuries

The Parent/Guardian voluntarily assumes these risks on behalf of the student.

XI. Indemnification and Release of Liability

To the fullest extent permitted by Georgia law, the Parent/Guardian agrees to defend, indemnify, and hold harmless WePickle ATL, LLC, its owners, officers, members, employees, instructors, independent contractors, volunteers, agents, affiliates, sponsoring organizations, host schools, facilities, and their respective officers, employees, and representatives (collectively, the "Released Parties") from and against any and all claims, demands, actions, causes of action, damages, judgments, liabilities, losses, costs, and expenses, including reasonable attorneys' fees, arising out of or relating to:

1. Any negligent or intentional act or omission of the Parent/Guardian or student;
2. Damage to property caused by the student, other than ordinary wear and tear; or
3. Claims brought by or on behalf of the student that are inconsistent with the releases and acknowledgments contained in this Agreement.

This indemnification obligation does not apply to claims arising solely from the gross negligence or willful and wanton misconduct of WePickle ATL or its employees or contractors.

XII. Photo and Video Release

During Program activities, photographs and videos may be taken for educational, promotional, or marketing purposes, I grant WePickle ATL permission to photograph or record my child and to use those images or recordings in print materials, websites, social media, promotional materials, and other lawful business purposes without compensation.

XIII. Contact Information

WePickle ATL

Program Director: Desmond Brown

Phone: (843) 321-5882

Email: Des@wepickklechs.com

Program Administrator: Shekina Givens

Phone: (404) 566-1352

Email: Shekinagivens@gmail.com

XIV. Acknowledgment

By signing below, I certify that:

- I have read and understand this Agreement.

- I understand the risks associated with participation.
- I have had the opportunity to ask questions.
- The medical information provided is accurate to the best of my knowledge.
- I agree to comply with the Program policies.
- I understand that my child may be removed from the Program for repeated misconduct.
- I voluntarily agree to the terms contained in this Agreement.

Parent/Guardian Signature

Printed Name: _____

Signature: _____

Date: _____

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