



Kids deserve the best.

(YAOG Mini Golf Event)

Release of Liability

Location: Prairieville Park (2507 Plaza Ct. Waukesha, WI 53186)

Date: 8/20/2025

Description of Event: This event is being hosted by Children Wisconsin's MACC Fund Clinic for the Young Adult Oncology Group. The activity for this event will be mini golf for patients who are 18 and older with a cancer diagnosis. Attendees can bring a guest.

Transportation: Participants to provide own transportation to and from event.

RELEASE OF LIABILITY

In consideration of my or my child's participation in the activity listed above, I (and my child, if I am signing as parent or guardian) release Children's Hospital of Wisconsin, Inc. and its affiliates, officers, directors, employees, agents and volunteers (collectively, "Children's") from any liability or claim for loss, injury or illness that I (or my child) may sustain during my (or my child's) participation in this event. I understand that this release applies to myself (or my child) and my (or my child's) personal representatives, heirs and assigns, and that this release excludes any harm or loss caused intentionally or recklessly by Children's. I recognize that risks of these activities may include the risks identified below. I (and my child, if I am signing as parent or guardian) also waive the right I (or my child) have to bargain for different release of liability terms.

Risks: Exercise, Muscle Strain, Falls

Photographs/Recordings: I give permission for the use and publication of my or my child's name, picture, video-recording and/or likeness in advertising, promoting and publicizing Children's Hospital of Wisconsin, Inc., its affiliates and its programs. I understand that no monetary benefits will be provided to me or my child for use of my or my child's picture, video-recording or likeness.

I understand that participation in this event is voluntary and agree to the terms above.

*Each minor participant must have a parent/legal guardian sign below.

*Each adult attendee/participant must also sign below.

Signature: _____
Parent or Legal Guardian of Participant(s)

Relationship to Participant(s): _____ Date: _____

Signature: _____ Date: _____
Parent/Legal Guardian Attendee/Participant

Signature: _____ Date: _____
Parent/Legal Guardian Attendee/Participant

Names of minor participants