

# CITY OF DE PERE

Community Center

600 Grant Street, De Pere, WI 54115 | 920-339-4097 | www.de-pere.org



## Adult Athletics Waiver - Softball

### Player Completes

*This waiver may be signed on site but must be done prior to taking the field to play or practice. Waivers must be signed by the individual participating in the league or program (or their legal representative)*

Player Name: \_\_\_\_\_ Team Name: \_\_\_\_\_ League: \_\_\_\_\_

### AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER, AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT FOR City of De Pere Adult Softball Leagues

I, the undersigned do hereby agree; to participate in the **City of De Pere Adult Softball Leagues** and am aware of and understand that there may be risks and hazards inherent with participation in this activity, including but not limited to the risk of death, personal injury or damage to myself and/or my property by participating in the **City of De Pere Adult Softball Leagues**. I affirm that I am doing so as a voluntary participant. In consideration of my participation in the **City of De Pere Adult Softball Leagues**, I, on behalf of myself, my family, my heirs, executors, administrators and assigns, do hereby agree to release, waive, absolve, defend, indemnify and hold harmless, the City of De Pere, its employees, officers, agents, representatives, officials and sponsors from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, losses, liability or expense (including but not limited to all fees and charges of attorneys and other professionals and all other costs and expenses of court, arbitration or other dispute resolution costs) of every kind and nature incurred whatsoever and/or arising by reason of any actual or claimed negligent or wrongful act or omission whether caused or allegedly caused by, in whole or in part, either myself, any third party or any party indemnified herein, regarding any loss suffered by me as a result of my participation in the **City of De Pere Adult Softball Leagues**, using the facilities, or engaging in any activities incidental therein during the duration of this scheduled program. The City of De Pere DOES NOT provide accident insurance to participants in recreational activities, and I assume full responsibility for any and all injuries or damages which may occur to me while participating in the **City of De Pere Adult Softball Leagues**.

I understand one purpose of this agreement is to bar me and my successors and assigns from suing or making a claim for any injury sustained while participating in the **City of De Pere Adult Softball Leagues**. Further, another purpose of this agreement is to indemnify the City of De Pere for my own actions.

I do hereby grant and give the City of De Pere the right to use my photograph or image with or without my name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Player Name (Printed)

\_\_\_\_\_  
Date