

## WAIVER AND RELEASE OF CLAIMS

By signing below, the undersigned expressly agrees and understands that he/she is participating in the following activities at his/her own risk: **attendance at the State Softball Tournament on Thursday, June 6, 2019. Participants will be transported via School Bus to and from the event location: Goodman Softball Complex, 2415 University Bay Dr, Madison, WI.**

The undersigned recognizes that all recreational activities have a certain degree of risk. The undersigned also understand these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold the School District of Mishicot, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment.

**I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Printed Name

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing recreational activities, I give my consent as the parent/legal guardian of \_\_\_\_\_ to participate in the above-mentioned recreational activities. I understand that since the School District of Mishicot does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold the School District of Mishicot its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

Signature of Parent(s) or Guardian(s):

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Printed Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Printed Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Emergency Contact Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phone)

Known allergies: \_\_\_\_\_