

Kaukauna Recreation Department

2022 Adult Softball League Waiver Form

Anyone who falsifies registration forms to avoid paying the non-resident fee will be required to pay a penalty, which will double the established non-resident fee or the participant will be removed from the program. The Kaukauna Recreation Department reserves the right to remove anyone from our programs for falsifying registration forms, along with forfeiture of fees paid, if they fail to pay the penalty.

Photographs taken by members of the Recreation Department at city programs and events may be used in flyers, web pages, brochures and City publications. If you do not wish to have your picture or a family member's picture taken, please alert the photographer.

I HEREBY EXPRESSLY ACKNOWLEDGE THE INHERENT RISK to have contact with surfaces that have been exposed to and/or individuals that have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual and/or surface with a communicable disease present.

I HEREBY EXPRESSLY WAIVE ANY LIABILITY and claim of any kind or nature whatsoever against the City of Kaukauna, arising from or related in any way to my exposure to with surfaces that have been exposed to and/or individuals that have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, from my participating in this activity and/or utilizing this facility.

I FURTHER UNDERSTAND AND CONSENT that information limited to my name and contact data may be supplied to public health officials exclusively for the purposes of contact tracing in the event that I or another person participating in this activity and/or using this facility should be affirmatively diagnosed as infected with the COVID-1 coronavirus. I hereby give my consent to provide my information for these limited purposes.

I hereby agree to release, discharge, indemnify and save the City of Kaukauna and its departments, employees and agents harmless from any and all liability claims, damages and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participating in the above mentioned program. This is also my written permission to have my child admitted and attended to for medical and/or dental treatment in case of sickness or injury. This release shall be binding on the player's heirs, assigns, executors and administrators.

Printed Name: _____

Signature: _____

Date: _____