

# WAIVER & RELEASE OF LIABILITY FORM

CITY OF WHITEWATER, WI.

BEFORE SIGNING THIS WAIVER AND RELEASE OF LIABILITY, READ THIS ENTIRE DOCUMENT CAREFULLY. IF YOU SIGN THIS WAIVER AND RELEASE OF LIABILITY AND AN INCIDENT OCCURS RESULTING IN INJURY OR LOSS OF PROPERTY, THEN YOU WILL BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE PARK & RECREATION OFFICE AT (262)473-0520 WEEKDAYS BETWEEN 8:00 AM AND 4:30 PM

By signing the Waiver of Liability, I understand that any activity with the City of Whitewater Parks and Recreation Department has inherent risks associated with it, which could result in harm and/or losses to myself or my child(ren) whether or not known or readily foreseeable at this time, and which might result not only from my own act of omission, but also from the actions, inactions or negligence of others or the condition of the premises or equipment used. No accident or other insurance is provided through the City of Whitewater.

By signing this Waiver of Liability, I fully accept all such risks of any injury, damage or loss regardless of severity that may be sustained and all responsibility for losses, costs and damages incurred in any and all activities connected with or associated with the City of Whitewater Parks and Recreation Department.

By signing this Waiver of Liability, I agree to waive, relinquish, discharge, release and covenant not to sue the City of Whitewater, Wisconsin, its officers, employees and agents from all claims of injury, damage, or loss that may accrue arising out of, connected with, or in any way associated with the activities with the City of Wisconsin Parks and Recreation Department as identified in this Waiver of liability. This waiver of liability does not apply intentional misconduct of the City of Whitewater.

## Medical Emergency Release Waiver for Minors

In the event of a medical emergency, I authorize the Parks and Recreation Department staff to obtain medical treatment for myself or my son/daughter or minor for which I am a guardian.

## Photographic Release

By signing the Waiver of Liability, I hereby grant and convey unto the City of Whitewater all right, title, and interest in any and all photographic images and video or audio recordings made by the City of Whitewater during the undersigned's activities with the City of Whitewater, including, but not limited to, any royalties, proceeds, or the benefits derived from such photographs or recordings.

I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in this Waiver and Release of Liability.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print name of Parent/Guardian  
(If participant is a minor)

\_\_\_\_\_  
Age of Child  
(If participant is a minor)

\_\_\_\_\_  
Parent/Guardian or Adult Participant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone