



# City of Marathon Parks and Recreation

## Adult Co-Ed Softball 2021 Liability Waiver

As a participant in sports activities for the City of Marathon Parks and Recreation Department, I recognize and acknowledge that there are certain risks of physical injury to participants and I agree to assume the full risk of any injuries, including death, damages, or other loss, which may be, sustained as a result of participation in any and all sports activities. I, as a participant, hereby agree to waive and relinquish any and all claims I may have as a result of participation in the program.

The undersigned further agrees to indemnify and hold harmless the City of Marathon officers, agents, and employees from any and all actions, claims, and demands resulting from any injuries, including any injuries incurred while traveling to and from such sports activities. It is understood that a participating in any sports program must be covered by private insurance. It is further understood that this liability waiver includes losses sustained and arising out of, connected with, or in any way associated with any sports activities of the City of Marathon Parks and Recreation, including but not limited to softball.

I have read and fully understand the above waiver.

Name of participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Name: \_\_\_\_\_



## **Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19**

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) have stated that “the best way to prevent illness is to avoid being exposed to this virus.”  
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to participate in programs operated by the City of Marathon (COM) and its program contractors.

I acknowledge that COM employees and contractors come in contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although COM takes precautions to reduce the likelihood of transmission of COVID-19 by its employees and contractors, COM cannot guarantee that I will not become infected with COVID-19.

I knowingly acknowledge that by participating in COM programs I am exposing myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability and/or death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and/or failures to act of myself or others, including but not limited to COM employees and contractors and other program participants.

I agree to assume all of the foregoing risks and accept personal responsibility for any injury to myself (including but not limited to personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind or nature that I may suffer arising out of or in connection with myself becoming exposed to or infected by COVID-19 while I am participating in any COM program. On my own behalf, I hereby release, covenant not to sue, and forever discharge the COM, its employees and contractors, agents and representatives of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of COM employees, contractors, agents and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any COM program.

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Participants Name

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Participants Signature

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Date

# ADULT CO-ED SOFTBALL TEAM ROSTER

**PLEASE PRINT NEATLY**

**Captain's Name:** \_\_\_\_\_

**Team/Sponsor Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## ROSTER OF PLAYERS

	<b>Name</b>	<b>Age</b>	<b>Phone Number</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>7.</b>			
<b>8.</b>			
<b>9.</b>			
<b>10.</b>			
<b>11.</b>			
<b>12.</b>			
<b>13.</b>			
<b>14.</b>			
<b>15.</b>			

Every player **MUST** fill out a complete waiver.