

# LIABILITY WAIVER FORM FOR PROSPECTIVE AND RETURNING WISCONSIN TWISTER FASTPITCH SOFTBALL PLAYERS

To the best of my knowledge, I am in good physical condition and am fully able to participate in: indoor and outdoor fast-pitch softball practices, league games, scrimmages, tournaments and any other Wisconsin Twister sponsored events from this date of signing, \_\_\_\_\_ day of \_\_\_\_\_, 2025 until August 31, 2026. I am fully aware of the risks and hazards connected with participation in these types of events, including physical injury or even death, and I hereby elect to voluntarily participate in these events, knowing that the associated physical activity may be hazardous to me and/or my property.

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;

2. The risk to have contact with individuals, who 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 with a communicable disease;

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation;

**I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY THAT MAY BE SUSTAINED BY ME OR LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF MY PARTICIPATION IN THESE EVENTS. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE WISCONSIN TWISTERS, THE BOARD OR COACHES OF SAID ORGANIZATION, OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY ARISING OUT OF OR RELATING TO ANY LOSS , DAMAGE OR INJURY THAT MAY BE SUSTAINED BY ME OR TO ANY PROPERTY BELONGING TO ME, TO INCLUDE MEMBERS OF MY FAMILY AND MY SPOUSE, WHILE I AM PARTICIPATING IN PHYSICAL ACTIVITY SPONSORED BY THE WISCONSIN TWISTERS, OR WHILE ON OR UPON THE PREMISES WHERE THE EVENTS OF INDOOR AND OUTDOOR PRACTICES, LEAGUE AND TOURNAMENT GAMES AND ANY SCRIMMAGES THAT ARE TAKING PLACE FROM THIS DATE OF SIGNING UNTIL AUGUST 31, 2026**

This Liability Waiver shall be constructed in accordance with the Laws of the State of Wisconsin and the Federal Government. I have considered that if this Liability Waiver was not as broad as it is that the cost of participating in the activities of the Wisconsin Twister Fast Pitch Softball league would be considerably higher and as I do not wish to pay said additional costs, I hereby waive the right I have to bargain for different waiver of liability terms.

In signing this release, I acknowledge and represent that I have READ AND UNDERSTAND THE FORGOING LIABILITY WAIVER. I sign my name to this Liability Waiver VOLUNTARILY as my own free act and deed. No oral representations, statements or inducements, apart from the forgoing written agreements have been made. I EXECUTE THIS RELEASE AND UNDERSTAND THAT I WILL BE BOUND BY THIS AGREEMENT FROM TODAY UNTIL AUGUST 31, 2026

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Signature Printed Name Date

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Parent or Guardian Signature Parent or Guardian Printed Name