# VILLAGE of READSTOWN

116 North Fourth Street, PO Box 247, Readstown, WI 54652
**Ph. (608) 629-5627 Fax (608) 629-5699**
clerk@vi.readstown.wi.gov www.vi.readstown.wi.gov

## LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT

DATE SIGNED:_____

EVENT DATE(S)_____

I fully release and discharge the Village of Readstown, its officers, agents and employees, from any and all claims or damages, including claims and damages that may arise from injury, death or property damage.

I further agree to indemnify and hold harmless the Village of Readstown, it officers, agents and employees from any an all claims or damages, costs or expenses, incurred by the village of Readstown, its officers, agents an employees which may result from or relate to the event in the Village.

_____
Signature of representative

_____
Signature of representative