

Please return this form to the Village Office at
116 N. 4th St. or by e-mail to clerk@vi.readstown.wi.gov

Village of Readstown

PO Box 247

Readstown, WI 54655

Ph: (608) 629-5627, Fax: (608) 629-5699

LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT

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 ARISING FROM INJURIES, DEATH, OR PROPERTY DAMAGE, WHICH MAY ARISE OUT OF, OR OCCUR IN CONNECTION WITH, THE BELOW-REFERENCED EVENT, EXCEPT FOR THOSE RESULTING FROM THE INTENTIONAL OR RECKLESS ACTS OF THE VILLAGE OF READSTOWN, ITS OFFICERS, AGENTS AND EMPLOYEES.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF READSTOWN, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS OR DAMAGES, COSTS OR EXPENSES, INCURRED BY THE VILLAGE OF READSTOWN ITS OFFICERS, AGENTS AND EMPLOYEES, WHICH RESULT FROM OR RELATE TO THE BELOW-REFERENCED EVENT IN THE VILLAGE, EXCEPT FOR THOSE RESULTING FROM THE INTENTIONAL OR RECKLESS ACTS OF THE VILLAGE OF READSTOWN, ITS OFFICERS, AGENTS AND EMPLOYEES.

- ☐ I HAVE BEEN OFFERED THE OPPORTUNITY TO NEGOTIATE THE TERMS AND CONDITIONS OF THIS LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT; HOWEVER, I CHOOSE TO ACCEPT THE TERMS AND CONDITIONS OF THIS AGREEMENT AS THEY ARE, WITHOUT NEGOTIATION.

SIGNATURE OF REPRESENTATIVE _____

SIGNATURE OF REPRESENTATIVE _____

SIGNATURE OF REPRESENTATIVE _____

SIGNATURE OF REPRESENTATIVE _____

DATE _____

EVENT _____

DATE OF EVENT _____

- ☐ I WANT TO NEGOTIATE THE TERMS AND CONDITIONS OF THIS LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT BEFORE PROCEEDING. I UNDERSTAND THAT I MUST CONTACT THE VILLAGE/CITY ATTORNEY, Nikki Swayne, AT (608) 634-2157. AFTER CONSULTATION WITH THE VILLAGE ATTORNEY, THE MATTER WILL BE ADDRESSED AT THE NEXT APPROPRIATE VILLAGE/CITY BOARD MEETING.