

**CITY OF CLARKFIELD
RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT
& MEDICAL RELEASE**

This form must be signed by any organizers of events held at City of Clarkfield facilities, including, but not limited to; softball leagues, parties reserving City Hall meeting room, pool or park shelters, or any party at the discretion of the City Administrator.

I, (print name) _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, and the **Organized Softball League** (“Activity”) that I organize/plan/manage/host, to hold harmless, and defend the City of Clarkfield, its officers, directors agents, employees and representatives (“City”) associated with the activity from any all liability claims, injury, loss and damage arising from or in connection with our Activity’s utilization of City of Clarkfield athletic fields or other facilities.

Further, I AGREE to hold City harmless and indemnify City for any claim or cause of action whatsoever arising out of the above activity which takes place during the above identified dates that is brought against City by myself or my family members, heirs, assigns, executors and personal representatives.

Further, I AGREE to follow the guidelines set by the State of Minnesota and other state, federal, and county agencies to protect the health and well-being of the Activity participants.

I UNDERSTAND that participation in the described activity involves danger and risk of injury, including, but not limited to, exposure to the COVID-19 virus. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I AM OF LAWFUL AGE AND LEGALLY COMPETENT AND EMPOWERED AND VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Signature

Date