



City of New Berlin Recreation Department 2025 Adult Wiffleball Player Contract Form

Team Name: _____

- This form must be completed and returned to the Recreation Department before participating.
- All players must be at least 18 years of age to participate in Wiffleball Leagues.
- No new players can be added after the October 13, 2025, deadline (end of regular season).

Last Name	First Name
Address	City/State/ZIP
DOB (Mo/Day/Yr)	T-Shirt Size (for awards)
Phone #	Email

Wiffleball is intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, being struck by errant balls, being struck by another player's bat, running, jumping, stretching, sliding, diving, collisions with other players and with stationary objects, acts of God, inclement weather, horseplay, unsportsmanlike conduct, dangerous playing conditions, poor field conditions, defective equipment, equipment failure, premises defects, slip and falls, failure in supervision and officiating, and other circumstances inherent to sport of softball. In this regard, it is impossible for the City of New Berlin Recreation to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this program/activity. I do hereby represent that I am 18 years or older and request to participate in the City of New Berlin Recreation Department sponsored Adult Sports Program. I recognize and acknowledge the there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the City of New Berlin including its officials, agents, volunteers, and employees.

I have read and fully understand the above warning of risk, assumption of risk and waiver and release of all claims. If waiver is submitted by facsimile, the facsimile signature shall substitute for and have the same legal effect as an original form signature.

Player's Signature: _____ **Date:** _____