



**1. FILL IN YOUR CONTACT INFO.** PLEASE PRINT LEGIBLY

NAME		UNL I.D. #	
ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE		CELL PHONE	
EMAIL			
<b>MARK ONE</b> →	<input type="checkbox"/>	STUDENT	<input type="checkbox"/>
			MEMBER
			GUEST
<b>MARK ONE</b> →	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
			MALE

**2. CHOOSE YOUR PASS TYPE.**

**FITNESS CLASS PASS (FitCARD)**

↓	PASS #		CLASS	VALID DATES	PRICE
	STU/MEM	GP			\$ STUDENT / \$ MEMBER / \$ GENERAL PUBLIC
	10020	NA	SPRING 2010 FitCard	January 11-May 7, 2010	\$33 / \$33 / NA
	10014	NA	1-MONTH FitCard	30 days from purchase date	\$16 / \$16 / NA
	10015	NA	1-WEEK FitCard	Seven (7) days from purchase date	\$10 / \$10 / NA
	11500	11550	1-CLASS FitCard	After attending one (1) class	\$5 / \$5 / \$5*

\*General public/guests must pay facility guest fee per visit also (\$6.00).

**MIND • BODY CLASS PASS (YogaPass)**

↓	PASS #		CLASS	VALID DATES	PRICE
	STU/MEM	GP			\$ STUDENT / \$ MEMBER / \$ GENERAL PUBLIC
	14020	NA	SPRING 2010 YogaPass	January 11-May 7, 2010	\$66 / \$66 / NA
	14500	NA	1-MONTH YogaPass	30 days from purchase date	\$43 / \$43 / NA
	14600	NA	1-WEEK YogaPass	Seven (7) days from purchase date	\$17 / \$17 / NA
	11600	11650	1-CLASS YogaPass	After attending one (1) class	\$8 / \$8 / \$8*

\*General public/guests must pay facility guest fee per visit also (\$6.00).

**COMBO PASS**

↓	PASS #		CLASS	VALID DATES	PRICE
	STU/MEM	GP			\$ STUDENT / \$ MEMBER / \$ GENERAL PUBLIC
	14175	NA	SPRING 2010 FitCard + YogaPass	January 11-May 7, 2010	\$93 / \$93 / NA

### 3. READ & SIGN BELOW. MAKE PAYMENT & SUBMIT.

#### CANCELLATION, TRANSFER & REFUND POLICY:

Notice of pass cancellation must be made in writing within ten (10) business days after purchase and must be approved by Campus Recreation Fitness & Wellness Services. Refunds will be less 20% as a cancellation fee. Refunds will not be given for any classes cancelled by the University or Campus Recreation due to unforeseen circumstances.

*I HAVE READ AND AGREE TO THE CONDITIONS STATED IN THE POLICY ABOVE.*

SIGNATURE
DATE

#### SEND REGISTRATION WITH PAYMENT TO:

UNL CAMPUS RECREATION  
55 CREC  
P.O. BOX 880232  
LINCOLN, NE 68588-0232

PHONE (402) 472-3467  
FAX (402) 472-8080

### 4. FILL IN & SIGN LIABILITY WAIVER

### 5. YOU ARE NOW REGISTERED! ENJOY YOUR FITNESS CLASS!

OFFICE USE ONLY	ADDITIONAL INFO		
CREDIT CARD	CVC	EXPIRE	
RECEIPT #	EMPLOYEE		

**Main Form**  
University of Nebraska  
Campus Recreation

**WAIVER AND RELEASE OF LIABILITY for Campus Recreation Activities**

**DISCLAIMER: The UNIVERSITY OF NEBRASKA is NOT RESPONSIBLE** for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in **Campus Recreation Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER and RELEASE OF LIABILITY** was executed this \_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_, at Lincoln, Lancaster County, State of Nebraska by \_\_\_\_\_, (**Releasor**) in favor of the **UNIVERSITY OF NEBRASKA and its Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (University)**.

The **Releasor** wishes to participate in **Campus Recreation Activities**. In consideration for the privilege of participation in the program, the **Releasor** consents and agrees to the following:

1. **Releasor** certifies that he/she is physically capable of participating in Campus Recreation Activities and that he/she will take responsibility for physical fitness and capability to perform under normal conditions of Campus Recreation Activities. **Releasor** is encouraged to get his/her physician's opinion prior to participating in any Campus Recreation Activities. In the event of a medical emergency, the University of Nebraska or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expenses involved.
2. **Releasor** realizes that participation in Campus Recreation Activities involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress. **Releasor** has hereby been made aware that participation in Campus Recreation Activities has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.
3. Consequently, while understanding that the **University** has taken precautions to provide organization, supervision, and equipment for reasonable safety, **Releasor** assumes joint and personal responsibility for safety while participating in Campus Recreation Activities. Pursuant to that joint and personal responsibility, **Releasor** agrees to comply with the instructions and direction of representatives and staff members of Campus Recreation. **Releasor** understands that failure to abide by the instructions and rules may result in his/her termination from the activity. **Releasor** accepts personal responsibility to ensure that any equipment needed to participate in the Campus Recreation Activities and used by the **Releasor** is safe and functioning properly and to refrain from causing loss or damage to the property of the **University** and Campus Recreation. **Releasor** realizes that he/she is solely responsible for any personal equipment, supplies, or property he/she may choose to use during the duration of the activity.
4. **Releasor** further agrees to indemnify and hold harmless the **University** for any and all claims or actions as a result of engaging in, using **University** facilities and equipment, or receiving instruction for Campus Recreation Activities or any activities incidental thereto whatsoever, whenever, or however the same may occur.
5. **Releasor** acknowledges that photographs and digital images may be taken during participation. **Releasor** understands and agrees that the images may be published and used by the University.
6. **Releasor** is aware that if he/she uses a vehicle not operated by the **University** for transportation to, at, or leaving the activity site, the **University** is **NOT** responsible for any damage caused by or arising from **Releasor's** use of such vehicle. Furthermore, **Releasor** acknowledges that he/she is solely responsible for any action he/she takes outside the scope of those actions permitted by the **University** for purposes of the particular activity regardless if occurring

before, during, or after the duration of the activity. **Releasor** agrees to follow University policies when operating a University owned vehicle.

7. In consideration of participation in Campus Recreation Activities, **Releasor** hereby **RELEASES** and covenants not-to-sue the **UNIVERSITY** for any and all present and future claims resulting from ordinary negligence on the part of the **UNIVERSITY** for property damage, personal injury, or wrongful death arising as a result of my engaging in, using **University** facilities and equipment, or receiving instruction for Campus Recreation Activities or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns.**

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree the venue for any legal proceeding shall be in the State of Nebraska.

I understand the rights that I am waiving and that I am freely signing this **WAIVER AND RELEASE**. I have read and fully understand that by signing this agreement I am giving up legal rights and remedies, which may be available to me for ordinary negligence of the **University**. I further agree to follow and abide by the regulations and rules of the **UNIVERSITY** as they pertain to Campus Recreation Activities and to reimburse and make good to the **UNIVERSITY** any loss, damage, or cost the **UNIVERSITY** may have to pay as a result of my participation in the program.

\_\_\_\_\_  
**RELEASOR (Signed)**

\_\_\_\_\_  
**RELEASOR (Printed)**

\_\_\_\_\_  
**University ID #**

\_\_\_\_\_  
**Date**

*The following is for informational purposes only:*

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Contact Address, City & State

Releasor's Gender: M    F

Releasor's Age: 19 years of age or older (circle)

Yes    No