

*Guardian 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 \_\_\_\_\_, (**Guardian**) as Guardian of \_\_\_\_\_ (referred to in this document as Minor) in favor of the **UNIVERSITY OF NEBRASKA** and its Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (**UNIVERSITY**).

In consideration for the Minor's 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 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**.

Further, **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.

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 expense involved.

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 that the venue for any legal proceeding shall be in the State of Nebraska.

_____	_____	_____
<b>GUARDIAN</b> (Signed)	(Printed)	Date
_____	_____	
Minor's Name	Minor's Date of Birth	

**Medical-Insurance Information and Consent**

As Guardian of \_\_\_\_\_, he/she is physically capable of participating in all Campus Recreation Activities under normal, reasonable conditions and medical/health insurance coverage for the minor child is the **Guardian's** responsibility.

Medical Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_