WAIVER AND RELEASE OF LIABILITY

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 activities in Cushing Fieldhouse, Health & Sports Center, HPER Gym and Wellness Center for any reason whatsoever, including ordinary negligence.

This WAIVER and RELEASE OF LIABILITY was executed this ____ day of ___________ 2____, at Kearney, Buffalo 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 activities in Cushing Fieldhouse, Health & Sports Center, HPER Gym and Wellness Center. 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 activities in Cushing Fieldhouse, Health & Sports Center, HPER Gym and Wellness Center and that he/she will take responsibility for physical fitness and capability to perform under normal conditions these Activities. Releasor is encouraged to get his/her physician's opinion prior to participating in these 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 these 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 these 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 these Activities. Releasor accepts personal responsibility to ensure that any equipment needed to participate in these 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. 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 any activities incidental thereto whatsoever, whenever, or however the same may occur.

5. 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.
6. In consideration of participation in these 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 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 said 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)       Date

The following is for informational purposes only:

Date Of Birth       Contact Phone #       Contact Address, City & State

Member Guest Authorization Form

I, the undersigned, authorize (full name of guest) ________________________________, as my sponsored guest. I am aware of the risks and liabilities involved when sponsoring a non-UNK person under my account. I understand I must present at all times that my guest is in the facility and that I am responsible for my guest and their actions.

I voluntarily elect to sponsor the above person for a guest pass with Campus Recreation facilities.

SPONSOR (Signed Name)       SPONSOR (Printed Name)       Date

University ID #       Loper Email       Contact Phone #

Staff Use Only

Payment: Online ☐       Cash ☐       Check ☐

Guest Pass #________________________       Staff Initials: ___________       Date: ___________