## Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

Course name	Semester
	, a student at Nebraska Wesleyan University, understand that one of the off-campus project and I am doing so voluntarily.
agents, and assigns, HEREBY RELEASE, WAIVE, board, directors, officers, employees, agents, volliability, including any and all claims, demands, (including attorneys' fees), arising from any injuprogram, REGARDLESS OF WHETHER THE INJUDAMAGE OR DEATH IS CAUSED BY THE RELEATINJURY DAMAGE OR DEATH OCCURS WHILE IN	chalf of myself, my personal representatives, heirs, executors, administrators, DISCHARGE, AND COVENANT NOT TO SUE the University, including its governing unteers, and any students (hereinafter referred to as "Releasees") for any and all causes of action (known or unknown), suits, or judgments of any and every kind ry, property damage or death that I may suffer as a result of my participation in the RY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY SEES' NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, R IS BEING CONDUCTED. I further agree that the Releasees are not in any way hin as a result of my own negligent acts.
which may be dangerous and which may expose that these potential risks are incidental to my participating in sports and recreation acceptive activities, transportation to and from vo common carriers, and in any independent researcknowledge that there are other potential dang volunteer facility conditions, equipment conditions are unknown at this time. I KNOWINGLY AND N	e are potential dangers incidental to my participation in the Program, some of me to the risk of personal injuries, property damage, or even death, I understand rticipation in activities which may include, but are not limited to: working with tivities, cleaning and maintenance projects, preparing and serving food, and other unteer work sites, including via a private vehicle, University owned vehicles, and other che or activities I undertake as an adjunct to the Program. Furthermore, I ters incidental to my participation in the Program due to weather conditions, ons, negligent first aid operations or procedures of Releasees, and other risks that OLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF NLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR NEGLIGENT ACTS, on in the Program.
hold harmless, defend and indemnify the Releas action (know or unknown), suits, or judgments damage or death that I may suffer as a result of	representatives, heirs, executors, administrators, agents, and assigns, agree to ees from any and all liability, including any and all claims, demands, causes of of any and every kind (including attorneys' fees), arising from any injury, property my participation in the Program, REGARDLESS OR WHETHER THE INJURY, SEES OR OTHERWISE, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY AL ACTS."
may require as a result of participating in the Prinjuries directly related to my participation in the	nd that I am responsible for the cost of any and all medical and health services I ogram, except that the University assumes responsibility for medical expenses for e program. I understand and agree that the University shall not in any way be rom any injury I sustain that is not the result of the University's negligent or of wages.
RELEASE AND WAIVER OF LIABILITY, AN ASSU UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL WITHOUT ANY INDUCEMENT. BY MY SIGNATU	IDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A MPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I RIGHTS BY SIGNING THIS AGREEMENT AND SIGN IT FREELY AND VOLUNTARILY RE I REPRESENT THAT I AM AT LEAST NINETEEN YEARS OF AGE OR, IF NOT, E OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.
Student Signature	Date
<u> </u>	
Signature of Parent/legal guardian's signatu	e if student is under the age of 19.
	IDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A UMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I easees as set forth in detail above.
	DateN F R R A S K A
Parent/Guardian Signature	NEBRASKA WESLEYAN UNIVERSITY
Parent/Guardian Printed Name	•UNIVERSITY

5000 SAINT PAUL AVENUE LINCOLN, NE 68504-2794