

**University of Nebraska at Kearney  
UNK Wrestling Clinic**

**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 traveling, playing, or participating in the UNK Wrestling Clinic for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** was executed this \_\_29<sup>th</sup>\_\_ day of \_\_January\_\_ 2019, at Kearney, Buffalo 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 the **UNK Wrestling Clinic**, **Releasor** hereby **RELEASES** and covenants not-to-sue 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 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 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.

\_\_\_\_\_  
**GUARDIAN (Signed)**

\_\_\_\_\_  
**GUARDIAN (Printed)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Minor's Date of Birth

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

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

**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# \_\_\_\_\_