



## PERMISSION TO TREAT, PARTICIPATE AND RELEASE OF CLAIMS for the following Nebraska Extension 4-H Youth Development Program/Event:

### MyPI

#### (to be completed by parent/guardian)

The waiver and release of liability was executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, (Parent/Guardian) of (Address) \_\_\_\_\_, City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, individually and as Parent/Guardian of \_\_\_\_\_, in favor of the Board of Regents of the University of Nebraska (UNL) (referred to in this document as Participant). Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns.

Parent/Guardian, hereafter known as Releasor, wishes the Participant to participate in the 4-H event named on this document and participate in all activities except as noted on this form.

- 1) In consideration for the participation in Nebraska Extension 4-H Youth Development Programs, Releasor hereby RELEASES and covenants not-to-sue UNL or 4-H for any and all present and future claims resulting from ordinary negligence on the part of UNL or 4-H for property damage, personal injury, or wrongful death arising as a result of engaging in, using University facilities and equipment, or receiving instruction for Nebraska Extension 4-H Youth Development Programs or activities thereto, wherever, whenever, or however the same may occur.
- 2) 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 Nebraska Extension 4-H Youth Development Programs involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress.
- 3) Releasor has hereby been made aware that participation in Nebraska Extension 4-H Youth Development Programs 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.
- 4) 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.
- 5) In the event of a medical emergency, Nebraska Extension 4-H Youth Development Programs, 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.
- 6) 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.