



**Concordia University, Nebraska  
Assumption of Risk and Waiver of Liability Release**

**PLEASE READ THE FOLLOWING CAREFULLY.** If you have any questions or concerns, please visit with an attorney before signing this document. This release must be signed before participation in activities at Concordia University, Nebraska (“University”) is allowed.

I acknowledge that my participation in certain activities including, but not limited to, intramural sports, use of the Health, Human Performance and Athletic Center (“HHPAC”), PE Building, University stadium field/track and adjacent University athletic fields, may be hazardous, that my presence and participation are solely at my own risk, and that I assume full responsibility for any resulting injuries, damages, or death.

In consideration of being allowed to participate in such activities and/or being provided access and the opportunity to use the HHPAC and other University facilities and equipment, and in full recognition and appreciation of the danger and risks inherent in such physical activity, I do hereby waive, release and forever discharge the University, its officers, directors, agents, employees and representatives, from and against any and all claims, demands, injuries, actions or causes of action, for costs, expenses or damages to personal property, or personal injury, or death, which may result from my presence at or participation in any such University activities.

I further agree to indemnify and hold the University, its officers, directors, agents, employees and representatives harmless from any loss, liability, damage or costs including court costs and attorney’s fees incurred as a result of my presence at or participation in any such activities. I also understand that this Assumption of Risk and Waiver of Liability Release binds me, my personal representatives, estate, heirs, next of kin and assigns.

**I have read the Assumption of Risk and Waiver of Liability Release and fully understand it and agree to be legally bound by it.**

**Full Name (PLEASE PRINT NEATLY):** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Soc. Security # (last four digits only) or Driver’s License #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF 18 YEARS OF AGE OR YOUNGER, SIGNATURE OF PARENT/GUARDIAN IS ALSO REQUIRED:**

I, as the parent or guardian of the above-named minor, have read the Assumption of Risk and Waiver of Liability Release, fully understand it, and hereby voluntarily agree and execute the Assumption of Risk and Waiver of Liability Release on behalf of myself as well as the above-named minor and agree that I and the minor are legally bound by it.

**Full Name of Parent/Guardian (PLEASE PRINT NEATLY):** \_\_\_\_\_

**Relationship with Minor:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Campus Department and Phone (if applicable):** \_\_\_\_\_