

RELEASE OF LIABILITY and HOLD HARMLESS

In consideration for being allowed to participate in Adapted Toy Workshop hereafter known as Activity, I release from liability United Cerebral Palsy, United Cerebral Palsy of Nebraska, The host site, and Aaron Miller and, their employees, officers, and volunteers, hereafter known as activity organizers from any and all claims, including claims of negligence, resulting in any physical injury, illness (including death), economic loss, loss or damage to my personal property, liabilities and costs, including attorney's fees which may result from my participation in this activity, travel to and from the Activity (including air travel), or any events incidental to this Activity. I agree to indemnify and hold harmless the above against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees, if litigation arises on account of claims made by me or anyone on my behalf.

ASSUMPTION OF RISK

I am voluntarily participating in this Activity. I understand that there are risks associated with my participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility (ies). Nonetheless, I attest that I am fit for this event and I assume all risks of my participation in this Activity, whether known or unknown to me, including travel to and from the Activity (including air travel) or any events incidental to this Activity. I will follow safety rules that are posted as part of the activity.

RECORDINGS

I recognize that various photographs, video recordings, and other media will be taken during the activity. I agree to grant activity organizers full permission to use any media of the activity that contain my likeness for the purpose of promoting United Cerebral Palsy of Nebraska or the activity by activity organizers.

MEDICAL CONSENT

I consent to any first aid or medical treatment required as a result of my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity. I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the activity organizers do not provide health insurance for me and that I should carry my own health insurance. If I have medical conditions or health issues that may impact my participation I will disclose them below or identify their location to assist medical responders.

UNDERSTANDING AND ACKNOWLEDGEMENT

I have read this document, and I am signing it freely either for myself or as the parent or legal guardian of the participant. If I am signing as a parent or legal guardian, I allow the participant to participate in this activity. I understand that I am responsible for the obligations and acts of the participant as described in this document. I understand the legal consequences of signing this document.

Printed name of Participant

Printed name of parent or legal guardian if not the Participant

Signature of Participant or Parent/Legal Guardian and Date

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