



ON-CAMPUS EVENT
MEDICAL / INSURANCE INFORMATION

UNIVERSITY OF NEBRASKA-LINCOLN

As Parent/Guardian of _____ he/she understands that health insurance coverage for _____ is the Guardian's responsibility.

Medical Insurance Co. _____ Policy # _____

In the case that your child may need emergency medical treatment, please list any medical condition, allergies or medications that emergency medical personnel would need to know:

PARENT/GUARDIAN'S RELEASE OF CLAIMS

Affirmation and Release executed this _____ day of _____ (Month), _____ (Year) by _____

_____ (Parent/Guardian) of _____ (Address),

City of _____, County of _____,

State of _____, individually and as Parent/Guardian of _____

_____ (referred to in this document as Minor) in favor of the Board of Regents of the University of Nebraska.

Parent/Guardian wishes Minor to participate in the on-campus event provided by the University of Nebraska-Lincoln. In consideration of the privilege of Minor's participation in this activity, Guardian agrees to the following clauses:

- ① Guardian has hereby been made aware that Minor's participation in the on-campus event has the following non-exhaustive list of particular risks: abrasions, dislocations, fractures, concussions, strains, contusions, blisters, and eye strain. Participant needs to stay clear from heavy equipment, construction, traffic and testing equipment while walking on campus or visiting classrooms and residence halls.
- ② Guardian, with the intention of binding himself/herself and Minor and their respective heirs, legal representatives, and assigns, assumes all risks in connection with the on-campus event and hereby releases all instructors, agents, operators, and officials of UNL from liability for any injury or damage which may befall Minor while participating in the on-campus event and agrees to save and hold harmless UNL and UNL's heirs, legal representatives, successors and assigns against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons arising out of the Minor's participation in attending the on-campus event at UNL.
- ③ In case of medical emergency, Guardian authorizes UNL or its representatives to take all reasonable steps to secure the health and safety of Minor, including, but not limited to x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and /or hospital care.

Guardian certifies that he/she is of lawful age and legally competent to sign this affirmation and release and that he/she understands that the terms contained herein are contractual and not mere recitals.

Signature of Parent/Guardian _____ Date _____
Name of Parent/Guardian month/day/year

Emergency Contact Name _____

Emergency Contact Phone Number _____

2nd Emergency Contact Name _____

2nd Emergency Contact Phone Number _____