OFF-CAMPUS PROGRAM AND/OR ACTIVITY

WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

Name of Program: ___________________________________________________________

Dates of Program: ___________________________________________________________

All persons who wish to participate in a Nebraska Methodist College of Nursing and Allied Health (“NMC”) off-campus program and/or activity (“Programs”) are required to carefully review and sign the following statement. Please read this carefully. It affects any rights you may have if you are injured or otherwise suffer damages while participating in an NMC Program.

WHEREAS I, (indicate full name) ____________________________________________ desire to participate in the NMC Program specified above and I understand that in consideration for my being permitted to participate in said Programs, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the Program, and do hereby RELEASE AND FOREVER DISCHARGE the Nebraska Methodist Health System, Inc, NMC, and its officers, directors, faculty or employees, (herein after referred to as "Releasees") whether accompanying said Program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of my death which may occur from any cause during the said Program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodied or persons on account of any and all such claims, demands, actions or causes of action.

I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said Program.

I understand that NMC does not provide any health or medical insurance for me and I am solely responsible for paying the costs of any medical treatment that I may need as a result of my participation in the above Program, including any out-of-pocket expenses and/or co-pays, regardless of the reason such medical treatment was needed.

IN SIGNING THIS RELEASE I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least nineteen (19) years of age and fully competent (if not nineteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

_________________________________________________
Participant’s printed name

_________________________________________________       ___________________
Signature        Date

__________________________________________________       ____________________
Parent’s signature (required if person is under 18 years of age)  Date