

**ASSUMPTION OF RISK AND RELEASE**  
**Field Trips and Other Off-Campus Activities**  
(Single Trip Waiver)

In consideration of being permitted to participate in \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in this activity, including transportation to and from the activity site(s), agree to assume all risks and responsibilities surrounding my participation in this activity.

Further, I do for myself, my heirs, and personal representative(s) agree to defend, hold harmless, indemnify, release, and forever discharge Wayne State College, the Board of Trustees for the Nebraska State Colleges, and all its officers, employees or agents from and against any and all future claims, demands, or causes of actions in law, or in equity or otherwise, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of said College, Board, and its officers, employees, or agents during the period of my participation in this activity.

I also agree to observe and abide by all published Wayne State College rules and regulations, which govern participant conduct and responsibilities while participating in this college-sponsored activity. I understand that my failure to do so may result in my dismissal from this activity.

In witness whereof, I have caused this release to be executed this \_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Witness Name)

**\*\* In case of emergency please contact \_\_\_\_\_ at the following phone number \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)**

**Alternate Contact: \_\_\_\_\_ at the following phone number \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)**