

**GIVE A COPY OF THIS FORM TO EVERY ADULT PARTICIPANT
LIABILITY RELEASE AND WAIVER FORM**

Every participant must have completed and signed release form to turn in at registration at the door in order to participate

Participant's Name _____

Participant's Age _____

Address _____

School/Organization Name _____

City, State, Zip _____

Event Location: Bison Sports Complex

Daytime Phone Number (_____) _____

For all Events at any time through out 2006

Evening Phone Number (_____) _____

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the Participant, hereby grant the permission necessary to allow me to participate in any Events to be conducted at the Bison Youth Sports Complex located at 710 Hill Street, Lincoln, Nebraska. I further agree to release and to hold harmless Nebraska Sports Complex, LLC ("Nebraska Sports"), a Nebraska limited liability company, the affiliates of Nebraska Sports Complex, Bison, Inc., a Nebraska corporation and its affiliates, and Lincoln Cornhuskers, Inc., a Nebraska nonprofit corporation, d/b/a Cornhusker Shooting Stars, and _____, the respective directors, officers, members, managers, representatives, agents, volunteers and employees of the same and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the Event Location whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other persons on the account of damages of any character resulting to myself in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will.

Signature of Participant: _____

Date: _____

Supervision: Nebraska Sports is not responsible for participants' supervision.

Appearance Agreement: I understand that Nebraska Sports from time to time produces promotional material relating to its events. I understand that as participant and/or a spectator at the Event that I may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Nebraska Sports, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape myself and to utilize such videotapes and photographs and my name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that neither Nebraska Sports nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Medical Release: I acknowledge and agree that such participation subjects me to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the event. In the event of such illness or injury, I authorize Nebraska Sports to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I understand that nothing herein requires or obligates Nebraska Sports to seek medical treatment for me.

I represent that any medication to which I am allergic or medications that I am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Event and that I shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that I suffer from the following conditions: _____

I hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will.

Signature of Participant: _____ **Date:** _____

Participant SS# _____

Participant Birthdate: _____

Adult Form
9/26/05