



Adult Waiver Form and Safety Check

Young Medics Camp 2014

I, _____ (Parent or Self), being at least 18 years of age and in good physical condition, hereby understand and acknowledge that the activities and events sponsored by **Lincoln University Cooperative Extension (LUCE)** could be extremely hazardous, and that the risk of injury could occur. I further understand and acknowledge that **by engaging in activity through LUCE, I subject myself to risk of injury, or even death, whether through the negligence of an agent, vendor or employee of LUCE, through the use of equipment which may be defective, or through other means.**

I understand and acknowledge the types of risks to which I am subjecting myself to while participating in all **LUCE** activities. Possible risks include: injuries from any manner of fall while at Lincoln University or off-site locations; injuries from contact or entanglement with any equipment, rope, other instruments or materials used in the activities. I understand that the aforementioned possible risks are not all-inclusive; and that I could be injured in some way not listed above.

In recognition of all the above, and in consideration of my use of facilities and programs offered by **LUCE**, **I hereby assume all risk of injury and /or death and I release, discharge and hold LUCE, harmless from any liability resulting from injuries and /or death suffered by me arising out of my use, whether proper or improper, of the programs or facilities at LUCE.**

I understand and acknowledge that by signing this waiver, I voluntarily waive legal right to bring legal action against LUCE, or any of its agents, vendors or employees, for any cause related to the negligence of **LUCE**, its agents, vendors or employees, or for any cause related to the use of defective equipment provided by **LUCE**, or its agents or employees.

Also, the undersigned acknowledges that he/she is proficient in the safety check and understands and will abide by **LUCE** rules and regulations as posted in the facility. Further, the undersigned acknowledges that he/she has had the opportunity to inspect the facility and ask any questions of **LUCE** employees prior to the signing this document. By signing this release, I expressly state that I have read this document and that I fully understand and accept its contents.

Parent Signature

_____/_____/_____
Today's Date

Participant Name