

**Waiver of Liability
Arbor Day Bed Races 2018**

This agreement releases Nebraska City Pioneer Athletic Booster Club, Nebraska City Tourism & Commerce, Nebraska City High School, City of Nebraska City, Otoe County, Arbor Day Bed Races and all their representatives, volunteers and successors from all liability relating to injuries that may occur during the Arbor Day Bed Races in downtown Nebraska City. By signing this agreement, I agree to hold Nebraska City Pioneer Athletic Booster Club, Nebraska City Tourism & Commerce, Nebraska City High School, City of Nebraska City, Otoe County, Arbor Day Bed Races and all their representatives, volunteers and successors entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks of bodily injury, property damage, and other damages associated involved in participating in the Arbor Day Bed Races. These include but are not limited to falling, tripping, contact with other participants, traffic and pedestrians, and weather related incidents. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Nebraska City Pioneer Athletic Booster Club, Nebraska City Tourism & Commerce, Nebraska City High School, City of Nebraska City, Otoe County, and all their representatives, volunteers and successors** for any reason. In return, I will receive **participation in the Arbor Day Bed Races**. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Participant Name (Please Print)

Participant Signature

Date

_____ I am over 18 years old

_____ I am under 18 years old (but at least 13 years old)

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature

Date