

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AS A VOLUNTEER IN ANY YOUTH MENTORING PROGRAM THAT I CHOOSE TO PARTICIPATE IN AND FOR ANY/ALL ACTIVITIES ASSOCIATED WITH MY VOLUNTEER MENTORING, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the State of Nebraska for any volunteer mentoring in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and allowing me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The State of Nebraska and all of its agencies, administrators, officers, directors and all of its employees, not otherwise named.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the State of Nebraska or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this volunteer activity, whether caused by the negligence of release or otherwise.

(C) I RELEASE ANY CLAIM FOR WORKERS COMPENSATION COVERAGE by acknowledging that I am not carrying out any duties for my employer, the State of Nebraska, while volunteering to serve as a mentor because such choice to volunteer is completely my choice and I acknowledge that it is not expected of me nor was I pressured in any way to decide to volunteer by my employer the State of Nebraska. My decision to volunteer was made freely, knowingly and voluntarily and is not a part of my employment duties or expectations with the State of Nebraska.

I acknowledge that the State of Nebraska and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this volunteer activity may involve risks that include, but are not limited to, those caused by facilities, weather, condition of participants, equipment, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the youth mentoring program.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature  
(Please print legibly.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name