

Please Print or Type

**UNIVERSITY OF NEBRASKA-LINCOLN
WAIVER FOR STUDENTS PARTICIPATING IN
COURSE#/Name _____
During _____ (Semester/Year)**

WAIVER & HOLD HARMLESS AGREEMENT FOR _____
(course prefix and number)

I, _____, being of at least twenty-one years age and
(name of student)
acting under no mental or physical disability whatsoever, do hereby and here ever after
freely and voluntarily waive, relinquish and surrender any and all causes of action of any
kind, nature or description that I or any one acting by, through or on behalf of me may
ever have against Professors _____, and/or guest lecturers,
and/or The Board of Regents of the University of Nebraska, a public body corporate, or
any of its board members, officers, administrators or employees, as a result directly or
indirectly of my consumption of any alcoholic beverages in _____ class or
the laboratory portions of said class and any resulting intoxication of myself.

I further hereby freely and voluntarily agree to fully save and hold harmless Professors
_____, and/or guest lecturers, and/or The Board of
Regents of the University of Nebraska, a public body corporate, and its board members,
officers, administrators and employees for any expenses, including legal fees and any and
all damages and costs arising out of any law suit filed against any of said parties on my
behalf or for or by anyone acting by, through or under my authority including but not
limited to suits filed by spouse, children, parents, guardians, my estate or any other
person which suit or suits may be filed as a result of any alleged intoxication on my part
and any and all damages allegedly caused as a result of said intoxication.

I hereby represent and affirm that I am of full legal age, and understand that the signing
of this document is mandatory for my participation in consumption of alcoholic
beverages in this class. I further represent and affirm that to the best of my knowledge I
have no known physical or mental condition or am I taking medications that would

render my consumption of alcoholic beverages medically inadvisable. I further represent and affirm that I have never been diagnosed with any substance dependency.

Executed at Lincoln, Nebraska, this _____ day of _____, 20__.

_____ (Name printed)

_____ (Signature)

_____ (Witness name printed)

_____ (Witness signature)