

Exhibit F.1

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: The UNIVERSITY OF NEBRASKA and HUSKER VOLLEYBALL CAMPS are NOT RESPONSIBLE for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in **Camp Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** was executed this ____ day of _____ 2____, by _____, (**Releasor**) in favor of the **UNIVERSITY OF NEBRASKA and HUSKER VOLLEYBALL CAMPS** and its **Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (University and Camp)**.

The **Releasor** serves as a parent/guardian whose child (camper) wishes to participate in **Camp Activities**. In consideration for the privilege of participation in the program, the **Releasor** consents and agrees to the following:

1. **Releasor** certifies that camper is physically capable of participating in **Camp Activities** and that he/she will take responsibility for physical fitness and capability to perform under normal conditions in these **Activities**. **Releasor** is encouraged to get camper physician's opinion prior to participating in these **Activities**. In the event of a medical emergency, the University of Nebraska or **HUSKER VOLLEYBALL CAMPS**, or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expenses involved.
2. **Releasor** realizes that camper participation in these **Activities** involves certain risks and danger and may be a vigorous activity involving severe respiratory and cardiovascular stress. **Releasor** has hereby been made aware that participation in these **Activities** has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.
3. Consequently, while understanding that the **University and Camp** has taken precautions to provide organization, supervision, and equipment for reasonable safety, **Releasor** assumes joint and personal responsibility for safety while camper is participating in these **Activities**.. **Releasor** accepts personal responsibility to ensure that any equipment needed to participate in these **Activities** and used by the **camper** is safe and functioning properly and to refrain from causing loss or damage to the property of the **University and Camp**. **Releasor** realizes that he/she is solely responsible for any personal equipment, supplies, or property camper may choose to use during the duration of the activity.
4. **Releasor** further agrees to indemnify and hold harmless the **University and Camp** for any and all claims or actions as a result of engaging in, using **University and Camp** facilities and equipment, or any activities incidental thereto whatsoever, whenever, or however the same may occur.

5. **Releasor** is aware that if he/she uses a vehicle not operated by the **University and Camp** for transportation to, at, or leaving the activity site, the **University and Camp** is **NOT** responsible for any damage caused by or arising from **Releasor's** use of such vehicle. Furthermore, **Releasor** acknowledges that he/she is solely responsible for any action the camper takes outside the scope of those actions permitted by the **University and Camp** for purposes of the particular activity regardless if occurring before, during, or after the duration of the activity.

6. In consideration of participation in these Activities, **Releasor** hereby **RELEASES** and covenants not-to-sue the **UNIVERSITY and HUSKER VOLLEYBALL CAMPS** for any and all present and future claims resulting from ordinary negligence on the part of the **UNIVERSITY and HUSKER VOLLEYBALL CAMPS** for property damage, personal injury, or wrongful death arising as a result of camper engaging in, using **University and Camp** facilities and equipment, or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns.**

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree the venue for any legal proceeding shall be in the State of Nebraska.

I understand the rights that I am **waiving** and that I am freely signing this **WAIVER AND RELEASE**. I have read and fully understand that by signing this agreement I am giving up legal rights and remedies, which may be available to me for ordinary negligence of the **University and Camp**. I further agree to follow and abide by the regulations and rules of the **UNIVERSITY and HUSKER VOLLEYBALL CAMPS** as they pertain to said Activities and to reimburse and make good to the **UNIVERSITY and HUSKER VOLLEYBALL CAMPS** any loss, damage, or cost the **UNIVERSITY and HUSKER VOLLEYBALL CAMPS** may have to pay as a result of my participation in the program.

RELEASOR (Signed)	RELEASOR (Printed)	Date
(Parent/guardian signature is required here)		

RELEASOR (Signed)	RELEASOR (Printed)	Date
(If Camper is age 18 or older, camper signature is required here in addition to parent/guardian signature above)		

Insurance

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the company name, address, policy #, and policy owner. Accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Address _____
Owner _____ Policy # _____

Physician's Release

I hereby certify that _____ is physically fit to participate in an active volleyball camp and that I know of no physical impairments which would, in any manner, limit her participation in such a program.

Doctor's Name _____ Doctor's Signature _____ Date _____

*Note: The doctor's signature on this application may be substituted by sending a copy of the camper's school physical form which is dated June 1, 2021 or later. **Campers without the required medical release or school physical form will not be allowed to participate.***