Lincoln-Lancaster County
HEALTH
DEPARTMENT

Waiver/Sign-in Sheet

KEEP
LINCOLN & LANCASTER COUNTY
BEAUTIFUL

WAIVER AND RELEASE OF ALL CLAIMS FOR CITY OF LINCOLN PARTICIPANTS and GRANTEES

This form is for *adults* only. Youth must sign individual waivers.

Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries you might sustain arising out of this participation.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of participation in this program.

I have read and understand the above Waiver and Release of All Claims.

Date	Name	Address	Signature

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