

WAIVER AND RELEASE OF LIABILITY FOR Nebraska Chinese Association (NCA)

Classes and Activities

DISCLAIMER: Nebraska Chinese Association (NCA) for any injury or loss of property to any person suffered while attending and participating in **NCA Classes and Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** in favor of the **NCA and NCA Chinese school and its officers, Employees, Instructors, staff, Agents, Operators, Successors, and assigns (NCA Parties).**

In consideration for the Minor's participation in NCA Classes and Activities, participants hereby **RELEASES** and covenants not-to-sue the **NCA Parties** for any and all present and future claims resulting from ordinary negligence on the part of the **NCA Parties** from property damage, personal injury, or wrongful death arising as a result of engaging in, using **NCA Parties** facilities, or receiving instruction from NCA classes and Activities or activities thereto, wherever, whenever, or however the same may occur. **Releaser hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releaser' family, estate, personal representative, heirs, or assigns.**

In the event of a medical emergency, the NCA parties or its representatives have my permission to take whatever measure they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

I grant permission for photos/images that includes the Minor to be published on the school and/or community public Internet site.

_____ Yes _____ No

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 **WAVIER AND RELEASE** will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Nebraska.

GUARDIAN (Signed) (Printed name) Date

Minor's Name Minor's Date of Birth

Medical-Insure Information and Consent

As Guardian of _____, he/she is physically capable of participating in all NCA Classes and Activities under normal, reasonable conditions and medical/health insurance coverage form the minor child is the **Guardian's** responsibility.

Medical Insurance Co.: _____ Policy #: _____