



NP-AHEC Pre-Professional Retreat

Liability Waiver

Student Name: _____

I, _____, the undersigned, consent to and permit myself/child to participate in activities of the NP-AHEC Pre-Profession Retreat that will take place at the YMC Camp and the UNMC College of Nursing campus.

The program will provide transportation for off-site activities.

I understand a NP-AHEC representative will provide supervision.

I do hereby accept full responsibility for any and all liability resulting from these activities.

I further agree not to hold the NP-AHEC, its employees or the University of Nebraska Medical Center College of Nursing representatives, the University of Nebraska system or any of their partners involved with this camp liable for any injury sustained by myself/child

Signature of Student

Date

Signature of Parent/Guardian of student under 18

Date