



**UNO Student Veterans Organization**  
UNO Student Organizations, Inc. dba **UNO Student Veterans Organization**  
Assumption of Risk/Release of Liability Form  
**03/26/2025**

In consideration of my participation at the **Smoke Pit PT Group**, I expressly and knowingly release the UNO Student Organizations (UNOSO), Inc, dba **UNO Student Veterans Organization** and the Board of Regents of the University of Nebraska (BOR), its representatives and agents; the UNOSO and BOR, its officers, and employees, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the auspices of the **UNO Student Veterans Organization** caused by risks associated by this activity.

In addition, I understand and agree the **UNO Student Veterans Organization** cannot be expected to control all possible risks but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my attendance with the understanding that the cost of any such treatment will be my responsibility. The UNOSO and the BOR does not carry medical or accidental insurance for the activities mentioned. As such, participants should review their personal insurance portfolio.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify the **UNO Student Veterans Organization**, its representatives and agents; the UNOSO and BOR, its officers, and employees, against all claims, demands, or causes of actions for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the **Smoke Pit PT Group**.

I have read the agreement and do willingly signify my agreement for the consideration expressed and with a full understanding of its purpose by signing below. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. I also understand that the information on this form may be shared with the **UNO Student Veterans Organization**, UNOSO and BOR Administration.

By signing below, I agree that I have read the above information.

Printed Name	Signature
Emergency Contact Name	Emergency Phone Number