# Release of Claims

Summer Research Program | University of Nebraska-Lincoln



This affirmation and release was executed the _____ day of _____ 2025,
  *Day*                              *Month*

at _____, _____,
          *City*                                          *State*

by _____
              *Name of Releasor*

in Favor of the Board of Regents of the University of Nebraska.

The Releasor wishes to participate in the Summer Research Program provided by the University of Nebraska-Lincoln. In consideration for the privilege of participating in this program the Releasor agrees to the following clauses:

1. Releasor certifies that they are physically capable of participating in a research program that may include laboratory or field work.

2. Releasor has hereby been made aware that participation in the Summer Research Program may have risk that normally exists in a laboratory or field setting.

3. Releasor accepts responsibility that all proper safety equipment will be used while in the Summer Research Program and will follow all laboratory or field protocols.

4. Releasor hereby personally assumes all risks in connection with participation in the Summer Research Program and releases all instructors, agents, operators and officials of UNL for any injury or damage which may befall the Releasor while participating in the Summer Research Program and agrees to save and hold harmless UNL and any related persons from any claim by the Releasor, or their family, estate, heirs or assigns, arising out of the Releasor's participation in the Summer Research Program.

5. Releasor understands they are not an employee of the University of Nebraska-Lincoln and therefore they are not entitled to workers compensation or unemployment benefits.

6. Releasor agrees to obtain and maintain their own personal health insurance in case of injury.

Releasor certifies that they are of lawful age and legally competent to sign this affirmation and release; that they understand that the terms contained herein are contractual and not mere recitals; and that they signed this document as their own free will act.

I understand I am participating in the Summer Research Program at my own risk and agree to release the Board of Regents of the University of Nebraska from any liability should I be injured while performing duties as a participant. I understand I am not a University employee, and am not eligible for workers compensation and unemployment benefits. I understand that photographs may be taken of me from time to time for University publications or other uses. I agree that I have read and fully understand the above statement.

_____          _____
*Date*                                                              *Releasor – Signature*


                                                                    _____
                                                                    *Releasor – Printed Name*