
**NLOM SKI TRIP TO SNOWY RANGE, WY
RELEASE FORM**

This will be given to Nebraska Lutheran Outdoor Ministries for their records.

I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care may be considered necessary in the best judgment of the attending physician, surgeon, or dentist performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against Nebraska Lutheran Outdoor Ministries and to hold its employees harmless from any and all liability or claims because of any death, bodily injury, personal injury, or illness that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrence that may arise solely out of the negligence of NLOM, its employees or agents.

By signing below I am agreeing that I have carefully read and agree to all of above.

Participant Printed Name

Parent/Guardian/Legal Representative Signature	Relationship	Date
(Required if Participant is 19 years of Age or Younger)		

Nebraska Lutheran Outdoor Ministries
27416 Ranch Road
Ashland, NE 68003
402-944-2544