

NMOM Waiver Form

Parent/Guardian Waiver for Volunteers under 19 The undersigned on behalf of themselves and their estate hereby waives any right of recovery AND releases the Nebraska Mission of Mercy ,Brownell Talbot, their officers, officials, employees and agents, from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the NMOM and OK State Fair Park from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees in connection with bodily injury or death, personal injury and/or damage to property arising from or out of the Volunteer's activities and participation in volunteer services at the above Nebraska Mission of Mercy. The Volunteer further acknowledges and agrees that the Nebraska Mission of Mercy does not assume any responsibility whatsoever for any property of the Volunteer and the Volunteer shall not hold the Nebraska Mission of Mercy liable for any loss or damage to the same. By signing below, the Volunteer and Parent/Guardian also grants to the NMOM and its agents the right to use your picture, voice, and other reproductions of your physical likeness in connection with advertising or publicizing Nebraska Mission of Mercy services and its activities in all forms of media perpetually.

Volunteer Name: _____ Birthdate: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

ALL Parent waivers must be received before the volunteer date or brought in with the volunteer on the day of. Minors will not be admitted without the form.

You can also Mail signed form to:

Facial Surgery Institute: ATTN: NMOM 2727 S 144th St. Suite 235 Omaha 68144

E-mail signed form to: nebrasakamissionofmercy@gmail.com