



**Waiver of Liability, Assumption of Risk and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in the following activities:

Date(s) of Retreat	Activity
4/11-4/12	Hiking trails & grounds

(hereinafter referred to as “Activity”), I, for myself (and/or on behalf of the Hiker named below), my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Creighton University, its officers, trustees, employees and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from but not limited to, participation in the Activity. I also agree to indemnify and hold harmless Creighton University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys’ fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

I understand that hiking is an optional activity on gravel roads and trails that are not regularly maintained. I understand that I should confine my hiking to roads and trails. I should be mindful of weather conditions. I understand that my retreat goals of reflection and prayer may distract me, and I need to maintain a close eye on the road/trail. I must also be mindful of weather conditions and time of day. Some roads/trails require significant physical exertion due to the terrain. I understand the risk of injury while hiking ranges from mild (scratches and bruising) to serious (broken bones, heart attacks or death).

**I have read the previous paragraphs, and I know, understand, and appreciate these and other risks that are inherent in the Activity. I assert that my participation is voluntary and that I knowingly assume all such risks.**

If any portion of this release of liability is held invalid by a court of competent jurisdiction, it is agreed that the remainder of the release shall continue in full force and legal effect.

\_\_\_\_\_  
PRINTED NAME OF HIKER/GUEST

Address \_\_\_\_\_,  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult/Parent/Guardian      Date

\_\_\_\_\_  
Signature of Minor      Date