

SHELDON FORUM TOUR TO NEW YORK CITY

April 22-25, 2010

\$700/person, Limited to the first 24 people

Return form with payment to

Sheldon Forum Tour, Sheldon Museum of Art, 12th & R Streets, Lincoln, NE 68588-0300

\$300/person deposit due March 10, 2010 (non-refundable)

Payment in full due April 10, 2010 (non-refundable)

I/We look forward to participating in the Sheldon Forum
Tour to New York City.

My check is enclosed (made payable to Sheldon Forum)

Name(s) _____

Please charge my Visa Mastercard

Card Number _____

Signature _____

I/We plan to make hotel reservations at the
Warwick Hotel no later than March 22, 2010

Amount _____ Exp. Date _____

I/We plan on using alternative hotel

TRIP DISCLAIMER

The University of Nebraska, Sheldon Museum of Art, the Sheldon Art Association, and all organizers of the Sheldon Forum trip to New York City, NY, from April 22-25, 2010, are not responsible for any injury, loss of property, or extra expenses incurred by the trip.

Affirmation and release executed on _____ (today's date)

_____ (participant's name(s)) of

_____ (complete address) in

favor of the board of regents of the University of Nebraska .

In consideration of my participation in the trip to New York organized by the Sheldon Forum, I hereby release and covenant not to sue the University of Nebraska, the Sheldon Museum of Art, the Sheldon Art Association, and any of the organizers or coordinators of this trip of any and all present and future claims resulting from negligence for personal injury, property damage, expense, or death arising as a result of the New York trip. Incidental thereto, whenever, or however the same may occur, I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be by me, my family estate, heirs, or assigns.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any portion is held valid, the remainder of the waiver will continue to be in full legal and effect. I further affirm that the venue for any legal proceedings shall be in the State of Nebraska.

I further understand that in the event of a medical emergency, the University or its representatives will take all reasonable steps to render assistance, and that I will be responsible for any expenses involved.

I affirm that I am of legal age and am freely signing this document. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of NEBRASKA UNIVERSITY or any of the parties listed herein.

Signature of participant _____ Date _____

Medical insurance company _____

Policy # _____ Phone _____

Any medical conditions, allergies, or medications that emergency personnel need to know

Emergency contact person _____

Relationship _____ Phone _____