



**MORNINGSIDE
UNIVERSITY**

**Waiver of Liability
Morningside University**

Please read the following carefully:

I acknowledge that I am permitted to use and enjoy the facilities owned by Morningside University, a non-profit corporation. I also understand and acknowledge that there is an inherent risk that I might sustain physical injury in the course of using the facilities. In consideration for the privilege of using the facilities, I hereby waive all claims and release Morningside University, its directors, officers, agents and employees from liability for wrongful death, personal injury and property damage caused by negligence of Morningside University or its directors, officers, agents or employees. In addition, I agree to indemnify Morningside University, its directors, officers, agents and employees and hold them harmless from all liability, including actual costs, expenses and attorney fees incurred by them arising from claims, actions or lawsuits brought against them as a result of my use of the facilities.

Morningside Student ID#: _____

Dated (today's date): _____

Student's Legal First & Last Name (please print): _____

Parent's Legal First & Last Name (please print): _____

Student's Signature: _____

Parent's Signature: _____

Please scan and email this form to peters@morningside.edu, or mail the physical copy to:

Morningside University

Attn: Steph Peters

1501 Morningside Ave

Sioux City, IA 51106

**Please retain a copy of this for your records*