MILWAUKEE TRACK & FIELD
WAIVER OF LIABILITY FORM
MILWAUKEE OPEN MEET #1
Saturday-Sunday, December 5-6, 2026

NAME:_____ EMAIL:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

CELL PHONE:_____ AGE:_____ **GENDER (circle one): M F Other**

You are being asked to sign this form because you would like to participate in the above-listed event sponsored by the University of Wisconsin-Milwaukee ("UWM"). By participating in this event, you are putting yourself at some risk (e.g., vehicle accident during field trip, harm by other participants, etc.). The specific risks vary from one activity to another, but resulting injuries can range from minor (e.g., scratches and bruises), to major (e.g., fractures and internal injuries), or catastrophic (e.g., paralysis and death). UWM recommends you minimize your risks by talking to a doctor before participating in this event and carrying insurance (insurance is not provided by UWM).

In exchange for allowing you to participate in the Milwaukee Open Meet #1, UWM asks that you agree not to make a claim against UWM if you are injured while participating in the Milwaukee Open Meet #1, even if your injury was caused by UWM's negligence. This means you are giving up your right to sue UWM if you are injured during the Milwaukee Open Meet #1. "Injury" refers to injuries to both your body and your property, whether caused by a UWM employee or a third party. You are not being asked to give up your rights in the event UWM acts recklessly or in an intentionally destructive manner.

Please sign here to confirm that you are willing to give up your claims and rights against UWM in the event you are injured (including the right to sue).

Please sign here to indicate that you understand that risks are inherent in participating in the Milwaukee Open Meet #1 and you knowingly and willingly accept those risks.

PARTICIPANT'S SIGNATURE:_____

If under 18, PARENT/GUARDIAN PRINTED NAME:_____

If under 18, PARENT/GUARDIAN SIGNATURE:_____

Milwaukee Staff Only
Payment Information:
Online Payment Confirmed_____
Credit Card Amount $_____
Cash Amount $_____
Check Amount $_____
Check Number_____