

**WAIVER OF LIABILITY**  
**Peru State College Insurance Information Sheet And**  
**Assumption of Risk and Release from All Claims/Covenant Not to Sue**

This form must be completed legibly and signed in all areas by both the participant and his/her parent or guardian. By signing this form the participant affirms having read it. Please print and do not use red ink.

Participant Information:

Full Name: \_\_\_\_\_ NUID: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian Information:

Full Name(s): \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

If Insurance information is not complete, the participant will not be permitted to participate.

2nd Contact if Parent/Guardian is unavailable:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Assumption of Risk and Release from All Claims/Covenant Not to Sue:**

In consideration of being permitted to participate in \_\_\_\_\_, to be held on \_\_\_\_\_, 20\_\_\_\_, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in this activity, agree to assume all risks and responsibilities surrounding my participation in this activity, and, further, I do for myself, my heirs and personal representative(s) agree to defend, hold harmless, indemnify, release, and forever discharge Peru State College, the Nebraska State College Board of Trustees, and all its officers, employees or agents from and against any and all future claims, demands, or causes of actions in law, or in equity or otherwise, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of said College, Board, and its officers, agents or employees, during the period of my participation in this activity.

I also agree to observe and abide by all published Peru State College rules and regulations which govern participant conduct and responsibilities while participating in this college sponsored activity. I understand that my failure to do so may result in my dismissal from this activity.

In Witness Whereof, I have caused this release to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Co-Signature of parent or guardian if student or participant is under 18 years of age

Release for Medical Care: If during the course of my participant's activities, or while staying on campus, should participant become ill or sustain an injury, **I hereby authorize** the Peru State College Staff to obtain emergency medical/dental care: \_\_\_\_\_ Date: \_\_\_\_\_

**I do not authorize** emergency medical/dental care for my participant:  
\_\_\_\_\_ Date: \_\_\_\_\_

If your participant has any conditions that the Peru State College Staff should be aware of while he/she is participating in activities or while staying overnight on campus, please list these on the lines listed below. Also include any instructions that would help us in providing the best care for your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I do hereby release the Board of Trustees of the Nebraska State Colleges, Peru State College, the PSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, illness, or loss (personal property or other).

I acknowledge that COVID-19 is a public health risk, and the Board of Trustees of the Nebraska State Colleges, Peru State College, the PSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel cannot guarantee safety or immunity from infection, and that I am electing to participate in the PSC Athletic Camp. I further voluntarily assume all risks associated with my participation including the risk of exposure or infection with COVID-19.

Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the PSC Athletic Camp.

I hereby authorize the staff of Peru State College and the PSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand if my child presents concussion-like symptoms during an evaluation from a Certified Athletic Trainer at a PSC Athletic Camp, he/she will no longer be allowed to participate at camp. As a parent/guardian I must make arrangements to remove my child from camp as soon as I have been notified of my child's condition.

I further give my permission for Peru State College and the PSC Athletic Camp to use, for publicity or advertising purposes, any photographs taken of me at the camp.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian *(required for all participants)*

\_\_\_\_\_  
Date