



**St. Norbert College, Inc.**  
**Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement**  
**SNC Football Camp**  
**Waunakee High School**  
**June 14-15, 2018**

I, the undersigned participant/parent, request voluntary participation for my minor (hereinafter referred to as "Camper") to participate in the St. Norbert College Football Camp being held at Waunakee High School, on June 14-15, 2018, which is hereinafter referred to as the "Activity".

**CONSENT:** I consent to "Camper"s participation in the "Activity" and acknowledge that "Camper" and I fully understand "Camper"s participation may involve risk of serious injury or death, including losses which may result not only from "Camper"s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the "Activity" is being conducted, and/or the rules of this type of event or "Activity". **I understand that if I have any risk concerns, I should discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before the activity begins.**

**Concussion:** I, the undersigned, have read the Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors along with the importance of reporting a suspected concussion to the "Activity". I understand that "Camper" must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a concussion is suspected. I understand that anyone suspected of a concussion cannot return to practice/play until providing the camp written clearance from an appropriate health care provider. I understand the possible consequences of a camper suspected of a concussion returning to practice/play too soon.

**CERTIFICATION OF HEALTH STATUS AND INSURANCE COVERAGE:** I certify that "Camper" is in good health and has no physical condition that would prevent participation in the "Activity". Furthermore, I agree to use "Camper"s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required, and I acknowledge that I am responsible for all related costs.

**RELEASE FOR MEDIA/PRESS COVERAGE:** I agree that photographs, pictures, slides, movies, video, or other media coverage of "Camper" may be taken in connection with "Camper"s participation in the "Activity" without compensation from St. Norbert College, the Premonstratensian Fathers, their officers, trustees, employees, and agents of each of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

**ASSUMPTION OF RISKS:** Participation in the "Activity" can be dangerous and carries with it certain inherent risks, such as but not limited to being hit or struck by equipment; rough, physical contact with other participants and the ground, that cannot be eliminated regardless of the care taken to avoid injuries. Although the risk of injury is low during the activity, there are still risks. These risks range from, but are not limited to (1) minor injuries such as slips, falls, cuts, scratches, bruises and sprains, (2) major injuries such as eye, joint or back injuries, fractures, concussions, heart attacks, and heat stroke (3) catastrophic, life-altering injuries including paralysis, to (4) death. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with "Camper"s participation in the "Activity".

**WAIVER/INDEMNITY:** In consideration of "Camper"s participation in the "Activity", I hereby waive all claims or causes of action against St. Norbert College, Inc., the Premonstratensian Fathers, their Officers, Directors, employees and agents, arising out of "Camper"s participation in the activity and hereby release, hold harmless, and discharge St. Norbert College, Inc., the Premonstratensian Fathers, their officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the gross negligence or willful misconduct of St. Norbert College, Inc., the Premonstratensian Fathers, their officers, trustees, employees, representatives and volunteers, and the

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**WAIVER/INDEMINITY (continue):** officers, directors, trustees, employees and agents of each of them. I agree I am financially responsible for any losses resulting from "Camper's actions and will indemnify St. Norbert College, Inc., the Premonstratensian Fathers, their officers, trustees, directors, employees and agents of each of them, for any loss or damage caused by myself/minor during the "Activity".

**SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against St. Norbert College, Inc., the Premonstratensian Fathers, their officers, trustees, directors, employees and agents of each of them is knowingly given up, except for such loss or damage which was caused by the gross negligence or willful misconduct of St. Norbert College, Inc., in return for allowing "Camper's participation in the "Activity". My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

**Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.**

\_\_\_\_\_  
Emergency contact name (print) (Area code) Phone number

\_\_\_\_\_  
(Area code) Phone number

Relationship to the Camper

List Physician Name and Phone Number below:

List known allergies and any other medical/prescription information you request be released to SNC and emergency medical providers.

**IN WITNESS WHEREOF,** I have executed this affirmation and release at De Pere, WI on the date below:

\_\_\_\_\_  
Parent/Guardian signature (required) date

\_\_\_\_\_  
Parent/Guardian name (printed)

\_\_\_\_\_  
Camper's signature (required) date

\_\_\_\_\_  
Camper's Name (print) (Area code) Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State Zip

**WITNESS (must be at least 18 years old)**

\_\_\_\_\_  
Signature date