



**Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement  
Madison Area Football Camp—Waunakee High School, WI-June 12-13, 2025**

**Waiver:** In consideration of my voluntary participation in the Madison Area Football Camp to be held at Waunakee High School, WI from/on June 12 - 13, 2025, which may consist of, but is not limited to, offensive and defensive linemen drills hereinafter called "The Activity", I, as Participant, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue St. Norbert College, Inc., The Premonstratensian Fathers, their Trustees, officers, employees, and agents from liability from any and all claims resulting in personal injury, lawsuits, accident or illness, including death and property loss arising from, but not limited to, participation in "The Activity". I have had the opportunity to ask questions, so I understand the activities and the associated risks.

**Assumption of Risks:** Participation in "The Activity" carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the contagious nature and risks of infection of COVID-19, the 2019 novel coronavirus disease, and other infectious diseases (collectively "Disease") and the risk that I may be exposed to or contract the Disease by participation in "The Activity". I know, understand, and acknowledge these and other risks that are inherent in "The Activity". I hereby accept that participation is strictly voluntary, and that by signing this document I knowingly assume all such risks. This agreement does not extend to claims for gross negligence, willful misconduct, or any other liabilities that Wisconsin law does not permit the release of by agreement.

**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 that occurs during the activity. I understand that participant 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 participant suspected of a concussion returning to practice/play too soon.

**Rules Associated with The Activity:** I agree to follow any and all rules, regulations, law, or other protocol, policy or procedure promulgated for "The Activity" whether developed by St. Norbert College, Inc. or other entity or individual associated with "The Activity". I will comply with all federal, state, and local laws and all applicable governmental orders, directives, and guidelines while participating in "The Activity". I agree not to participate in "The Activity" if I am experiencing symptoms of the Disease, have a confirmed or suspected case of the Disease, or have come in contact in the last 14 days with a person who has been confirmed or suspected of having the Disease.

**Representations Concerning Health:** With full knowledge of the risks, Participant represents to be in good health and does not have any condition which will interfere with one's ability to participate in "The Activity" or endanger his or her health in connection with "The Activity". Participant has valid and current insurance to cover any injury or damage Participant may cause or suffer while participating in "The Activity" or otherwise agrees to personally bear the costs of such injury or damage. Participant authorizes, but does not obligate, St. Norbert College, Inc. to provide emergency medical treatment in the event of an accident or illness that occurs while participating in "The Activity". I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation.

**Transportation:** Transportation for the "Activity" may or may not be arranged by St. Norbert College, I accept the risks inherent in any such arrangements and/or the risk associated with travel. I understand that the College cannot be responsible for assuring the safety and reliability of public or private transportation for "The Activity" and non-sponsored activities and travel that I choose to participate in before, during or after the College sponsored function, and therefore I accept the risks and responsibilities associated with such travel arrangements.

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**Madison Area Football Camp—Waunakee High School, WI, June 12-13, 2025**  
**Page 2**

**Indemnification and Hold Harmless:** I agree to INDEMNIFY and HOLD HARMLESS St. Norbert College, Inc., the Premonstratensian Fathers, and their Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my involvement in "The Activity", and to reimburse them for any such expenses incurred.

**Release For Media/Press Coverage:** I agree that photographs, pictures, slides, movies, and/or other media coverage of myself may be taken in connection with my participation in the "Activity" without compensation from St. Norbert College, the Premonstratensian Fathers, their officers, employees, and agents thereof and consent to the use of such material for any legal purpose.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as 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 waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability as relates to "The Activity" to the greatest extent allowed by law.

IN WITNESS WHEREOF, I have executed this affirmation and release at De Pere, Wisconsin  
on this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

WITNESS:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

PARTICIPANT:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (permanent)

\_\_\_\_\_  
City, State & Zip

**Must be Completed if Participant is Under 18 Years of Age:**

Parent/Guardian further states that I am Participant's Parent / Guardian (circle one), and am fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

**WITNESS :**

**PARENT OR GUARDIAN:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)