

LIABILITY RELEASE & MEDICAL FORM

NOTE: The student may not participate in the _____ Camp,
scheduled from _____ to _____

until the PSC Athletics Department has received this completed, signed and dated form.

Assumption of Risk and Release from Liability

In consideration of being allowed to participate in this camp, the undersigned, in full recognition and appreciation of the dangers and hazards inherent, agrees to assume all risks and responsibilities surrounding participation in this camp. Further, the undersigned (including any heir or personal representative) hereby unconditionally releases, holds harmless, and agrees not to sue or bring action against the Board of Trustees for the Nebraska State Colleges, Peru State College (PSC), officers, employees, agents, instructors and all participants in said camp program from any and all future claims, liability, demands, or causes of action, including claims and suits at law or in equity, for any injury, death, or damage resulting from the camp participation.

The undersigned also agrees to observe and abide by all published PSC rules and regulations which govern participant conduct and responsibilities while participating in this camp. The undersigned further agrees to refrain from any conduct that is injurious to self or others while participating in the camp and understands that failure to act accordingly may result in dismissal from the camp.

Medical Information and Authorization

The undersigned hereby authorizes and gives consent to representatives of PSC to obtain reasonable and necessary emergency medical/dental treatment or services for the student identified below if the student becomes ill or sustains an injury while participating in the camp. The undersigned further agrees to assume all costs related to such treatment or services.

Student Insurance Coverage: Company & Policy Number:

Known Allergies, Physical or Mental Medical Issues: (Please explain) _____

Required Signatures

Student Printed Name

Student Signature

Date

Co-Signature of Parent or Guardian

Date

For Students under 19 years of age

Emergency Contact Information Name (s)

Phone(s)
