

Waiver and Release Agreement

Upon acceptance of this application, I hereby waive and release all rights and claims for damages I may have against Western Nebraska Community College and its employees on account of any injuries or illnesses sustained by my child while attending the camp(s). I authorize the director of the volleyball camp(s) or his designee to select hospital facilities and/or physicians of his choice and authorize treatment on an emergency basis if such treatment becomes necessary as a result of participating in the WNCC volleyball camp(s).

Parent/Guardian Signature

Date

Policy Owner:

Insurance Company:

Policy Number:

Company Address:

For more information, contact Volleyball Coach Giovana Melo WNCC: (308) 635-6151

Email: giovana.wncc@gmail.com