

LIABILITY WAIVER AND INSURANCE STATEMENT

I acknowledge that my participation in the _____
(Course of activity)

to _____ on _____, 20____
(Destination) (Date)

with _____ may involve risks including but not limited to
(Name of faculty, staff or staff sponsor)

motor vehicle accidents and other potential personal injuries and property damage. I assume responsibility for all risks. I indemnify and hold harmless North Carolina State University, its trustees, officers, employees, and agents from any liability arising from or proximately caused by my participation in this activity.

I further acknowledge that I have comprehensive health insurance coverage that will be in effect on the date(s) of this activity. The insurance company is

and my policy number is _____

SIGNATURE _____ DATE _____

(Print full name)

if participant is less than 18 years of age:

I am fully aware of the risks that may be involved, and I consent to have my child participate in the aforementioned activity. Insurance coverage is indicated above.

(Parent/Guardian Signature)

(Date)