



St. Norbert College TRIPS Health Waiver

Please complete and return this form to Campus Ministry or CCSL
by the date indicated for your specific TRIP.

Failure to return this completed form will prohibit your participation in an SNC Service Trip.

Name _____ Student ID # _____ Gender _____

TRIP you are participating in: _____

Permanent Address _____
Street City State Zip

College Address _____
Street City State Zip

Cell Phone # () _____ College Phone # () _____

Health Insurance Provider _____

Policy Number _____

Personal Physician's Name _____ Phone # () _____

In case of an emergency, please contact:

1. Name _____ Phone # () _____

Relationship to Participant _____

Address _____
Street City State Zip

2. Name _____ Phone # () _____

Relationship to Participant _____

Address _____
Street City State Zip

By their signature below, the undersigned acknowledges that St. Norbert College is not providing insurance coverage of any kind for any of the participants including but not limited to life, health, accident, disability, liability, or any other kind of insurance whatsoever. By their signature below the undersigned agrees to undertake responsibility for any and all losses, damages, liabilities or expenses including but not limited to injury or death associated with or arising from the trip and the undersigned understands that it is his/her sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with their participation in this trip.

By their signature below the undersigned acknowledges that he/she has read and understands the foregoing and agrees to be bound by its terms.

Parent or Guardian Signature (required if under 18 years of age)

Date

Participant Signature

Date

Witness Signature

Date