

## Responsibility Statement for Lute OverKnight

*Students who plan to stay overnight on Thursday, April 2<sup>nd</sup> and/or Friday, April 3<sup>rd</sup> MUST return this signed form.*

My child is physically able to participate in an overnight stay as part of the Lute OverKnight program and I accept responsibility for him/her/them during his/her/their visit to Pacific Lutheran University.

Pacific Lutheran University is not responsible for any damage, expense, inconvenience, nor any loss, injury or damage to or of any person or property from any cause whatsoever, incurred during the student's stay on our campus. Pacific Lutheran University and the Admission Office are not to be held responsible for any act, omission, or any event during the Lute OverKnight program on April 2<sup>nd</sup> & 3<sup>rd</sup>, 2020.

In consideration of my voluntary application and as a requirement to participate in this activity, I hereby release and indemnify Pacific Lutheran University and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered at Pacific Lutheran University.

I also agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept full responsibility for any medical costs which may result from my participation and for any treatment for any injury sustained while taking part in the program.

*I have read the above statement and am in agreement with the provisions and give my permission for my child to participate in an overnight stay as part of the Lute OverKnight program at Pacific Lutheran University.*

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

If your child has any serious or potentially serious conditions, please specify below:

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form must be signed and returned to a PLU Admission Representative on or before the night of Thursday, April 2<sup>nd</sup>, 2020.*