Parent Liability Release For Students Under the Age of 18

Release executed by ____________________________________________ (parent/guardian) for ___________________________ (child/dependent) to Biola University, Inc., 13800 Biola Avenue, La Mirada, CA, 90639.

In consideration of being permitted to participate in Fall Orientation 2015 on Friday, August 21 - Saturday, August 29, 2015 and Saturday, September 5, 2015, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in this activity including transportation to and from such activity to which my child may be exposed during his/her participation in this activity, do hereby agree to assume all the risks and responsibilities surrounding his/her participation in the activity; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge BIOLA UNIVERSITY, INC., and all its trustees, officers, representatives, agents, and employees from and against any and all claims, demands, actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from his/her participation in the activity, and which result from causes beyond the control of, and without the fault or negligence of BIOLA UNIVERSITY, INC., its trustees, officers, representatives, agents, or employees, during the period of his/her participation as aforesaid.

Parent/Guardian Signature ____________________________ Date ______________
Parent/Guardian Printed Name ____________________________ Student ID#_____________________

Parent Medical Consent For Student Under the Age of 18

I, the undersigned parent or guardian of ____________________________ (student name), give my consent for him/her to receive treatment for illness or injury, medication or immunization deemed advisable through the Biola University Health Service, and to make the necessary referrals to other facilities, if indicated. I understand and agree that his/her Student Health History Form will be accessible by the Office of New Student Orientation and Transitions and the leaders of said activity.

I consent to any x-ray examination, laboratory test, anesthetic, medical or surgical diagnosis and hospital service that may be rendered to said minor under the general or special instruction of any licensed physician, whether such treatment or diagnosis or immunization is rendered at the office of the physician or at a licensed hospital or health department. It is understood that this consent authorizes the physician to exercise his/her best judgment as to what is best for the individual patient. This consent will remain effective during the student’s attendance at Biola University prior to his/her eighteenth birthday, unless revoked in writing delivered to Biola University.

Parent/Guardian Signature ____________________________ Date ______________
Parent/Guardian Printed Name ____________________________ Student ID#_____________________

Please complete the top and bottom of this form and send to:

Student Orientation Services (SOS)
Biola University
13800 Biola Ave
La Mirada, CA 90639-0001

sos.director@biola.edu
Fax: 562-906-4567