PARENTAL PERMISSION FORM/ACKNOWLEDGMENT OF RISK AND RELEASE

THIS DOCUMENT MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN OF PERSONS UNDER THE AGE OF 18 PARTICIPATING IN AN EVENT HELD BY BIOLA UNIVERSITY, INC. IF THE PERSON PARTICIPATING IN THE EVENT IS 18 YEARS OF AGE OR OLDER, THEN THE PARTICIPANT MUST SIGN THIS DOCUMENT.

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The individual named below as “Participant,” if over the age of 18, or his parent or legal guardian if the Participant is under the age of 18, hereby acknowledges that he or she authorizes Participant to participate in the event described below, hereto (the “Event”), and further acknowledges his or her full understanding and appreciation that there are risks of damage or injury associated with participation in the Event including those risks described below.

The person signing this document hereby represents that he or she has advised the University of any facts known to him or her which would make the Participant more susceptible to injury or risk of injury as a result of participating in the Event than would be the average person of the same age. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor Participant the risks associated with participating in the Event using language appropriate to the age and intellectual capacity of the Participant.

By signing this form, the Participant, or his parent or legal guardian, on behalf of himself, his heirs, assigns, legal and personal representative(s), agrees to assume all risks and responsibilities surrounding Participant’s participation in the Event and further to 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 my 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.

Event

Event Name: 
Nationball
Event Dates: 9/3/2015

Event Description: large scale dodgeball game in Chase Gym

Event Risks: 
Including, but not limited to
(1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, and concussions; (3) catastrophic injuries including paralysis and death.

Executed this _____ day of _____________, 201_.

__________________________________  ____________________________________
PRINTED NAME OF PARTICIPANT  SIGNATURE OF PARTICIPANT

IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

__________________________________  ____________________________________
PRINTED NAME OF PARTICIPANT’S PARENT OR LEGAL GUARDIAN  SIGNATURE OF PARTICIPANT’S PARENT OR LEGAL GUARDIAN

Department: 
Contact: 
Phone: 