

Point Loma Nazarene University
Freshman Retreat

Release Agreement

Point Loma Nazarene University, through the Office of Community Life promotes the Freshman Retreat. While we have taken reasonable steps to provide you with the appropriate equipment and leadership on this outdoor activity, we want to remind you that: swimming, skateboarding, hiking, etc. are activities that involve risk.

Therefore, in consideration of these risks while participating in **Freshman Retreat** on the date(s) of _____, I (please print), _____ hereby acknowledge, agree, and promise to **RELEASE** and **DISCHARGE** the Office of Community Life and all associated with Point Loma Nazarene University (employees and agents) from the following:

Acknowledgment and Acceptance of Risks

Read each statement and then initial:

- _____ 1) The participation of outdoor activities involves serious physical risks such as, but not limited to **RISK OF BODILY INJURY, DEATH and/or PROPERTY DAMAGE.**
- _____ 2) The undersigned assumes **ANY** and **ALL RISKS** involved with the activity including the possibilities of **BODILY INJURY, DEATH and/or PROPERTY DAMAGE resulting from accidents, environmental hazards, equipment failure, falling, the unavailability of medical care, or the negligence or deliberate act of another person.**
- _____ 3) The undersigned hereby **RELEASES** the Office of Community Life **and** Point Loma Nazarene University [employee and agents] (referred to below as **Released Parties**), and agrees **NOT TO SUE** them on account of or in conjunction with any claims, causes of action, damages, injuries, costs or expenses, which arise out of the activity, including the risks described in sections 1 and 2 whether or not caused by the negligence or other fault of the **Released Parties.**
- _____ 4) The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose or effect is to provide that general release shall not extend to claims, which in releasing, the person giving the release does not know or suspect to exist at the time the release is given.

ACKNOWLEDGMENT:

The undersigned has read and understands this agreement for himself/herself and realizes it release valuable and legal rights and does so freely and voluntarily.

_____ X _____
Print Name *Signature*

Date

PLEASE CONTINUE TO PAGE 2 →

Medical History Information

In order to be better prepared for any medical emergencies which may occur during the course of the trip, Point Loma Nazarene University would like to know if you have any of the following conditions (please list if applicable).

If it does not apply, please write DOES NOT APPLY.

ALLERGIES (to medications, food, animal, insect, etc.)

MEDICATIONS (please list the ones you are currently taking ONLY)

HOSPITALIZATIONS (pertinent history)

BREAKS or FRACTURES (pertinent history)

_____ **DIABETES**

_____ **HEAD / SPINAL INJURIES**

_____ **HEART CONDITIONS**

_____ **ASTHMA**

ANY OTHER CONDITION THAT THE GUIDES NEED TO KNOW ABOUT:

Any dietary restrictions?

(Please mark which apply)

___ Vegetarian ___ Vegan

___ Other: _____

Insurance

(Please check one which applies)

School

Personal

Provider: _____

Policy Number: _____

X _____
SIGNATURE

PRINT NAME

DATE

Emergency Contact: _____

Emergency Phone: _____ Home

_____ Office/Cell