

POINT LOMA NAZARENE UNIVERSITY
Outdoor Leadership and Recreation

RELEASE AND CONSENT AGREEMENT
(Assumption of Risk/Health Statement/Liability Waiver)

NOTICE: THIS WAIVER IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING. IF THERE ARE ANY QUESTIONS CONCERNING THIS DOCUMENT, CONTACT THE COORDINATOR OF OUTDOOR LEADERSHIP. THIS INFORMATION MUST BE PROVIDED TO THE OFFICE OF OUTDOOR LEADERSHIP PRIOR TO PARTICIPATION IN THE ACTIVITY.

I, _____, am currently enrolled as a student at Point Loma Nazarene University. In consideration of being allowed to participate in the Freshman Retreat September 3 – 5, 2011 at Oakbridge Younglife Camp I hereby freely agree to make the following contractual agreements:

I understand that such activity, including my operation of equipment necessary for participation in the activity, may expose me to certain risks of injury, death, or damage to my property. I am including but not limited to hazards of travel, accident, illness, or acts of God. I also understand and agree that a situation may arise during an activity which may be beyond control. I fully realize the dangers of participating in an activity of this type and I voluntarily assume all risks associated with such participation. In consideration of my acceptance as a participant, I hereby release, and forever discharge, Point Loma Nazarene University, its officers, agents, employees, auxiliaries or other participants, for injuries to my person, including death, or property damage, arising out of my participation in this activity. This contract shall serve to indemnify the above named parties should the same be liable or found guilty of negligence as a result of court action. I also agree to indemnify, defend and save harmless Point Loma Nazarene University, its officers, agents, employees, auxiliaries, or other participants from any and all claims and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by any of my negligent actions.

I have read and understand (INITIAL HERE) _____

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above-named activity. With these demands in mind, I hereby declare that I am physically capable of participating in the above-named activity, and that I have no physical or medical condition which, to my knowledge, would interfere with my ability to participate in this activity or endanger myself or others who participate in this activity. I also agree to abide by any established rules or regulations while participating in this activity. I also agree that I will not be compensated by Point Loma Nazarene University for my participation in this activity.

I have read and understand (INITIAL HERE) _____

In the event of accident or illness of an emergency nature, and because I may be unable to select or approve of the required medical treatment, I hereby authorize event organizers or representatives of Point Loma Nazarene University to arrange for such care as is available and necessary; and do further release and forever discharge the providers of such care and Point Loma Nazarene University, and its officers, agents, employees, auxiliaries from any and all claims, demands and causes of action arising out of said authorization.

I have read and understand (INITIAL HERE) _____

I am aware that Point Loma Nazarene University does not provide medical insurance coverage and therefore take full responsibility for my personal insurance. I understand that all expenses, charges, or costs which might result from injury or illness are my responsibility.

I have read and understand (INITIAL HERE) _____

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, A HEALTH STATEMENT, AND LIABILITY WAIVER. IT IS AN AGREEMENT TO RELEASE FOR NEGLIGENCE AND A CONTRACT BETWEEN THE UNDERSIGNED AND POINT LOMA NAZARENE UNIVERSITY.

I have read and understand (INITIAL HERE) _____

Participant's Last Name: _____ First Name: _____

Emergency Contact Information: _____
(Name) (Phone)

Participant's Signature: _____ Date: _____

Medical Information:

To be prepared for a medical emergency on the trip, Point Loma Nazarene University requests the following information:

Allergies (to medications, food, animals, insects, etc.)

Medication (please list all medications you are currently taking)

Hospitalizations (pertinent history)

Breaks or Fractures (pertinent history)

_____ Diabetes

_____ Head/Spinal Injuries

_____ Heart Conditions

_____ Asthma

Any other medical condition we may need to know about:

Any dietary restrictions?

_____ Vegetarian

_____ Vegan

_____ Other:

Insurance:

___ School

___ Personal

Provider: _____

Policy Number: _____

Signature: _____

Print Name: _____

Date: _____