



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 THE ACTIVITY DESCRIBED BELOW. IF THE PERSON PARTICIPATING IN THE ACTIVITY IS 18 YEARS OF AGE OR OLDER, THEN THE PARTICIPANT MUST SIGN THIS DOCUMENT.

AUTHORIZATION TO PARTICIPATE/ASSOCIATED RISKS: 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 activity described below, hereto (the "Activity"), and further acknowledges his or her full understanding and appreciation that there are inherent risks of damage or injury associated with participation in the Activity including those risks described below that cannot be eliminated regardless of the care taken to avoid injuries. The undersigned hereby represents that the Participant is in good physical and mental health and has no physical impairment that would be affected by his or her participation in the Activity. 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 Activity using language appropriate to the age and intellectual capacity of the Participant.

ASSUMPTION OF RISKS/WAIVER/INDEMNIFICATION AND HOLD HARMLESS: 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 Activity and further to **release, waive, discharge and covenant not to sue** BIOLA UNIVERSITY, INC., its trustees, officers, representatives, agents and employees (hereinafter collectively "BIOLA") and/or Urban Youth Workers Institute, its trustees, officers, representatives, agents and employees (hereafter collective "UYWI") from liability from any and all claims including the negligence of BIOLA and/or UYWI, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from the Participant's participation in the Activity. Further, the undersigned on behalf of the Participant, himself, his heirs, assigns, legal and personal representative(s) agrees to **indemnify and hold harmless** BIOLA and UYWI from any and all claims, demands, actions, or causes of action (including attorney fees and court costs) on account of damage to personal property, or personal injury, or death which may result from the Participant's participation in the Activity.

SEVERABILITY: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by California law and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

INSURANCE AND MEDICAL TREATMENT: The undersigned understands that BIOLA and UYWI do not maintain any insurance policy covering any circumstance arising from participation in the Activity or any event related to that participation. As such, the undersigned acknowledges that he/she has adequate health insurance coverage for the Participant's participation in the Activity. The undersigned hereby authorizes BIOLA and UYWI to act for me according to its best judgment in any emergency requiring medical attention of the Participant, and I understand that I will be financially responsible for all charges and fees incurred in the rendering of emergency treatment.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver of liability, assumption of risk and indemnification agreement, fully understand its terms, and **understand that I am giving up the substantial rights, including my right to sue.** I acknowledge that I am signing this agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Activity

Activity Name: UYWI Manhood Camp at Biola University **Activity Dates:** July 20-30, 2016

Activity Description: Camp for youth workers, high school and middle school boys for the development of their roles as men of God. Activities will include camping, relevant workshops, touch football, soccer, basketball, swimming, automotive clinic, and tools workshop.

Activity 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 _____, 2016.

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:** _____