

Activity Participation & Medical Release Form

Full Name: _____

Social Security Number: _____ Birthdate: _____

Address: _____

Date(s) of Activity: _____ Location: Pacific Lutheran University

In Case of Emergency Notify:

Name: _____

Phone: _____ Relationship: _____

Insurance Carrier: _____ Policy #: _____

I wish to participate in the above activity scheduled by SPONSOR (YOUR ORGANIZATION'S NAME HERE). I am aware of the special dangers and risks inherent in participating in the activity, including physical injury, death, or other consequences arising or resulting from the activity. I agree to accept responsibility for such risks. I further agree to advise activity planners of any physical or mental limitations I may have. I agree to be fully responsible for my own property, and equipment related to this activity.

In consideration of and part of a right to participate in this activity, I hereby release and indemnify SPONSOR and Pacific Lutheran University and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered by SPONSOR at Pacific Lutheran University.

I also agree to allow any medical personnel the opportunity to treat a illness, injury, or any other medical condition. I agree to accept responsibility for any medical costs which may result from my participation.

I have read this release and indemnification agreement and understand its meaning. This release is intended to bind my heirs, representatives, successors, assigns and administrators.

Dated: _____

Signature*: _____

*Parent or legal guardian must sign for participants under 18 years of age. Being fully informed as to these risks, I hereby consent to the minor participating in the activity.