

William Jessup University

WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT FOR OFF-CAMPUS ACTIVITIES

All participants complete Sections A and B:

- A. WAIVER
- B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D and/or E, if applicable:

- C. AUDIT STUDENT OR VOLUNTEER
- D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION
- E. MINOR

A. WAIVER

Activity: _____

Campus/Class/Group: _____

Supervising Academic Employee: _____

Departure Date & Time: _____

For good and valuable consideration, the sufficiency of which I hereby acknowledge, I personally and on behalf of my executors, administrators, heirs, next of kin, successors, and assigns, hereby expressly assume all the risks incident to attendance at and/or participation in the activity, and hereby release all claims of whatever kind or nature, in law, equity, or otherwise, including but not limited to, personal injury, property damage or destruction, and death, whether caused by negligence, breach of contract or otherwise, which I may ever have against William Jessup University and its Board of Trustees, officers, agents, representatives, affiliates, agents, volunteers, and employees. By signing this agreement, I agree that the Releasee and its affiliates, agents and employees will not be held responsible for any injury, damage or loss that may occur.

I hereby acknowledge and understand that my participation in the activity could result in personal injury, death, and/or property damage. This agreement also constitutes an express and contractual assumption of all risks and dangers associated with and inherent in the activity. I hereby expressly assume all risks and dangers whether presently known or unknown.

I understand that the release contained herein is a general release of claims not now known to me. I further understand that I may in the future discover facts or claims resulting from my participation in the activity. Despite that possibility, I hereby agree to give up all claims as provided in this agreement and I also agree to waive the benefits and rights given by California Civil Code Section 1542, which reads as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF THE EXISTENCE OF THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

Participant's Printed Name

Signature of Adult Participant or of
Parent/Guardian on behalf of Minor Participant

Date

B. MEDICAL AUTHORIZATION:

In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Printed Name

Signature of Adult Participant or of
Parent/Guardian on behalf of Minor Participant

Date

Participant's Medical Insurance Carrier

Policy Number

Medical Insurance Carrier Address

Medical Insurance Carrier Phone Number

In the event of illness, accident, or other emergencies, please notify:

Name

Address

Phone Number

Medical Condition: Check here if you have a special medical condition and attach a description of that condition to this sheet.

C. AUDIT-STUDENT/VOLUNTEER:

I request that I may participate in the activity listed in Section A. As a condition for being allowed to participate in the above-referenced activity as an audit-student or volunteer, I agree to abide by the provisions of Sections A and B, and, if applicable, Section(s) D and/or E.

My signatures on this document acknowledge that I have read and understand all applicable provisions and agree to abide by these terms.

Participant's Printed Name	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date
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D. TRANSPORTATION:

- STUDENT SELF-TRANSPORTATION** **TRANSPORTATION PROVIDED BY WJU**

If "Student Self-Transportation" is checked above, I acknowledge that I am fully responsible for making my own transportation arrangements and I accept full responsibility for all transportation arrangements and the associated cost. Further, I hereby release the Indemnitees from any responsibility for any bodily injury or property damage which may arise out of such transportation arrangements. I agree to defend, indemnify and hold the Indemnitees harmless from and against any claim, loss, liability, damage, cost, or expense the Indemnitees may incur as a result of such transportation arrangements.

E. MINOR (For students/volunteers under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable)

_____ has my permission to participate in the activity listed in Section A.
Participating Minor's Printed Name

- Check here if there are no medical conditions that the staff should be aware of and if your son/daughter is not required to use any drugs during this activity.

AND/OR

- DRUGS:** Check here if your son/daughter must take any drugs during the activity and list them on this form or hereto attached. All drugs, except those that must be kept on the minor's person for emergency use, must be kept and distributed by college staff.

Name of drug and reason for use

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Section C and D, as appropriate; as related to my son/daughter's participation in this activity.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Address	Phone Number	Son/Daughter's Date of Birth
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After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

Signature of Academic Supervisor Approving Completed Form	Date
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