

**Camp/Clinic Participation Waiver Form**

**Minimum of one parent signature is required. One form per student. Please print, sign, and bring with you upon check-in.**

**1. Waiver and General Release**

This release is executed by someone over the age of 18 and the parent of the camper here at Biola.

Parent/Legal Guardian grants permission for Child/Dependent to participate in the Biola University Softball Camp/Clinic.

Parent/Legal Guardian, in full recognition and appreciation of the dangers and hazards inherent in this Activity, including transportation, if any, to and from the Activity, hereby agrees to assume all the risks and responsibilities surrounding participation in the Activity by Child/Dependent. By signing this form, Parent/Legal Guardian, on behalf of Child/Dependent, him/herself, his/her heirs, assigns, legal and personal representative(s), agrees, to the maximum extent permitted by law, to release, waive, discharge and covenant not to sue BIOLA UNIVERSITY, INC., its trustees, officers, representatives, agents and employees (hereinafter collectively “BIOLA”) from liability from any and all claims including the negligence of BIOLA, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from participation of Child/Dependent in the Activity. In addition, Parent/Legal Guardian, on behalf of Child/Dependent, him/herself, his/her heirs, assigns, legal and personal representative(s), agrees to indemnify and hold harmless BIOLA from any and all claims, demands, actions, or causes of action (including attorneys’ fees and court costs) on account of damage to personal property, or personal injury, or death which may result from participation of Child/Dependent in the Activity.

**2. Medical Release**

I/we, the undersigned parent(s) or legal guardian of the participant named above, a minor, do hereby request that he/she be permitted to participate in the Biola University Softball Camp and related activities on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter collectively “Activity”). Should the need arise, I/we do hereby authorize and consent to any X-ray examination, anesthetic, and medical or surgical diagnosis rendered under the general or special supervision of any member of the medical and emergency room staff licensed under the provisions of the Medicine Practice Act, Dentist licensed under the provisions of the Dental Practice Act, and the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. I/we understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his best judgment may deem advisable. I/we understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I/we will not hold liable BIOLA UNIVERSITY, INC., its trustees, officers, representatives, agents and employees for medical aid rendered and will reimburse Biola University for medical or other expenses incurred in the care of the participant. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the participant listed at above. Biola University does not pay physician fees or medical expenses of participants who are injured