



THE MASTER'S
UNIVERSITY

ACTIVITY RELEASE FORM

DESCRIPTION OF ACTIVITY: _____ **DATE OF ACTIVITY:** _____

Participant Name: _____ Home Phone: _____ Cell Phone: _____

Participant Address: _____ Birthdate: _____

Emergency Contact _____ Relationship _____ Day Phone _____ Evening Phone _____

LIABILITY RELEASE

I acknowledge that participation in the above-described activity may involve the risk of injury, and I assume all risks of participation in this activity. I further agree to release and hold harmless The Master's University ("TMU") and any individual, officer, employee, agent or representative of TMU, against any and all claims, actions, demands, liabilities, and damages with respect to any illness or injury, or any loss or damage to property of any type, relating to or arising out of participation in the TMU activity, except to the extent that such illness or injury to person or loss or damage to property resulting from a grossly negligent or intentional failure to act or omission by TMU, or any individual agent or employee of TMU.

MEDICAL RELEASE

I authorize TMU's staff or employees participating in this activity to obtain on the participants' behalf, any first aid or medical services, which may be considered necessary or advisable in the event of illness or injury. I further acknowledge and agree that I will be responsible for any medical costs that may be incurred as a result of such illness or injury and resulting medical treatment.

PHOTO / VIDEO PERMISSION

I authorize that photos or video may be taken at the activity that may include participant, and I hereby grant permission to TMU to use such photos / videos for promotional materials.

PARTICIPANT'S SIGNATURE _____ DATE _____

Participants under 18 years of age require Parent/Legal Guardian signature

PARTICIPANT/GUARDIAN'S SIGNATURE _____ DATE _____

RELATIONSHIP TO PARTICIPANT _____ DATE _____