



Student Clubs and Organizations Release of Liability Form Office of Communiversity

WHEREAS, I _____
Student Name and APU ID #

plan to participate in _____
Name of Event

on _____
Date(s) of event

and related activities sponsored by _____
Name of student club/organization

An officially recognized student club/organization at Azusa Pacific University and

WHEREAS, I am doing so entirely for my own education and enjoyment and with the knowledge that such participation will entail risk, and

WHEREAS, I recognize that participation in such activities may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege to participate extended to me by Azusa Pacific University, through its officers, agents, servants, and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Azusa Pacific University and all of its officers, agents, servants, and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in the said events.

CAUTION: Read before signing

I have medical and accident insurance with:

Name of Company

Policy No.

I have no medical or accident insurance, and I agree to pay any medical and/or dental expenses directly or indirectly related to my participation.

I HAVE READ AND I AGREE TO THIS RELEASE OF LIABILITY.

Signature

School Address

School Phone No.

Permanent (Parent's) Address

Permanent (Parent's) Phone No.

Date