



**LOYOLA MARYMOUNT UNIVERSITY
WAIVER AND RELEASE
LMU YOUTH THEOLOGY INSTITUTE
PARTICIPATION OF MINOR CHILD**

I, the undersigned, verify that I am the parent and/or legal guardian of

_____, a minor child,

and that I willingly wish to involve said minor child in the Loyola Marymount University

Program known as Youth Theology Institute. In consideration of being granted permission to enroll

my minor child in this program, I agree to the following statements and initial same as acknowledgement:

Voluntary Program. I understand and agree that participation in this Program is purely voluntary and I enroll my child of my own free will. _____

Acknowledgment of Risk. I recognize that there may be physical exertion involved in the Program, such as swimming, field sports, volleyball, and other activities, that could result in injury or exhaustion to my child. There may also be travel involved in this program, by bus or other vehicle. There will be off-campus visits to various sites around Los Angeles to engage with community and religious organizations. While on campus, my child will stay in university housing where there are stairs, hallways, elevators and other hazards. My child will eat meals on campus. There may be other activities that pose the risk of injury or illness to my child not mentioned here. I understand the dangers, hazards, and risks of this Program and I assume them on behalf of my child. _____

Fitness to Participate. I hereby represent that my child is physically and mentally able to participate in the above referenced Program and has no health problems which would present a risk to him or her while participating in this Program. Any medications my child is taking is the responsibility of him/her. LMU personnel cannot dispense medications on behalf of my child _____

Financial Responsibility. I understand that LMU does not provide health, liability, property or other insurance for me and that LMU is not responsible for any medical expenses incurred by my child while participating in the Program. I represent that I have adequate medical insurance coverage to pay any

medical costs that may be incurred as a result of my child's participation in the Program and that LMU will not be financially responsible for any medical costs incurred. I understand that LMU is not responsible for any property belonging to my child that is damaged or destroyed during the Program. I understand and agree that I am responsible for any damage or destruction of property or any injury to any person which my child inflicts or causes while participating in the Program. _____

Medical Emergency. In the event of a medical emergency, I authorize LMU to call 911 on behalf of my child. I recognize that LMU does not own or operate a medical facility designed to treat members of the public and that they have no responsibility or expertise to provide medical care for my child. _____

Rules and Directions. I understand, am familiar with, and agree to abide by any rules LMU deems appropriate for this Program and that my child will also obey any rules or instructions given by LMU faculty, staff, students, volunteers or agents. I understand that failure to obey rules and instructions may result in LMU terminating my child's participation in the Program. _____

TERMINATION OF PARTICIPATION. I understand that LMU reserves the right to terminate my child's participation for any reason and at any time. _____

Permission for media recording. I understand that LMU may take photographs, film footage, and other electronic media as part of the Program, some of which may contain the image, likeness or voice of my child. I grant permission to LMU to use this media for its educational and advertising purposes and understand that neither my child nor his/her family will be financially remunerated for this media usage. _____

Release of Liability. I hereby release LMU, its administrators, faculty, trustees, officers, employees, volunteers, and agents, as well as the Lilly Foundation and its board members, officers, employees, agents and volunteers, from any claims arising from, or in connection with, any physical, emotional or mental injury, illness, or property damage that my minor child may suffer from any cause whatsoever as a result of his/her participation in the Program, including, but not limited to, any injury, illness, or property damage resulting from transportation to or from any events arising out of or in connection with the Program. _____

I acknowledge that I have carefully read this Agreement and Release and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement and Release of my own free will on behalf of my minor child. _____

Entire Agreement. I understand that this Agreement and Release constitutes the entire agreement between LMU and me on behalf of my minor child. This Agreement and Release may be amended or modified only in writing. _____

Governing Law/Arbitration. I understand that this Agreement and Release shall be governed in all respects, and performance hereunder shall be judged, by the laws of the State of California. Any and all claims or disputes between me on behalf of my minor child and LMU arising out of or relating to this Agreement and Release shall be submitted to binding arbitration. _____

Student Name (please print): _____

Parent/Guardian Name (please print): _____

Relationship: _____

Parent/Guardian Contact Info: Cell: (____) _____ Home: (____) _____

Parent/Guardian Signature: _____ Date: _____

Other Emergency Contact: _____ (____) _____