BIOLA UNIVERSITY – BIOLA YOUTH THEATRE
RELEASE FORM

Young Players
August 2, 2010 – October 22, 2010

Release executed by __________________________________ (parent/guardian) for
________________________________________ (child/dependant) to Biola University, Inc., 13800 Biola
Avenue, La Mirada, CA 90639.

In consideration of permitting the child listed above to participate in the Biola Youth Theatre Program
(hereinafter “activity”) from ______August 2, 2010____ to ______October 22, 2010____, I, the undersigned, in full
recognition and appreciation of the dangers and hazards inherent in this activity including transportation, if any,
to and from such activity, do hereby agree to assume all the risks and responsibilities surrounding his/her
participation in the activity; and, further, I do for myself, my heirs, and personal representative(s) hereby
defend, hold harmless, indemnify, and release, and forever discharge BIOLA UNIVERSITY, INC., and all its
trustees, officers, representatives, agents and employees from and against any and all claims, demands, actions,
or causes of action, on account of damage to personal property, or personal inj

ury, or death which may result
from his/her participation in the activity, and which result from causes beyond the control of, and without the
fault or negligence of BIOLA UNIVERSITY, INC., its trustees, officers, representatives, agents or employees,
during the period of my participation as aforesaid.

Parent/Guardian Signature: __________________________________ Date: ___________________

Parent/Guardian printed name: ______________________________________________________________________

PHOTO/VIDEO RELEASE - BIOLA YOUTH THEATRE

If a minor (under age 18) is involved, this must be signed by a parent or guardian.

I, _________________________________, give permission for the publication of photos, videos and
recordings taken of me during my participation in the Biola University Youth Theatre Program. I understand
that I will not be paid any royalty or other compensation; and I give up any right I may have to payment if my
photo, video or recording is published. I agree that any such photo, video or recording shall become the sole
property of Biola University, Inc.

_____________________________ ______________________
(Student Signature needed only if 18 years of age or older) (Date)

_____________________________ ______________________
(Parent Signature) (Date)
To be completed by BOTH parents.

FATHER/LEGAL GUARDIAN

PRINTED NAME: ________________________________

Have you ever been convicted of or plead guilty or “no contest” to a felony or any other criminal offense involving a minor including child abuse or child neglect?

☐ No ☐ Yes – If yes, please attach a separate sheet giving complete details.
☐ Father is not in the home and will not be participating in any Biola Youth Theatre activities.

Signature: ___________________________ Date: ___________________________

MOTHER/LEGAL GUARDIAN

PRINTED NAME: ________________________________

Have you ever been convicted of or plead guilty or “no contest” to a felony or any other criminal offense involving a minor including child abuse or child neglect?

☐ No ☐ Yes – If yes, please attach a separate sheet giving complete details.
☐ Mother is not in the home and will not be participating in any Biola Youth Theatre activities.

Signature: ___________________________ Date: ___________________________

4/19/10