BIOLA UNIVERSITY - BIOLA YOUTH THEATRE
RELEASE FORM –

Teen Players
September 13, 2010 – January 31, 2011

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 September 13, 2010 to January 31, 2011, 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 injury, 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: ___________________________________________________________

PARENT VOLUNTEER WAIVER AND RELEASE
(This form must be completed by each family, even when paying the Non-Participation Fee.)

I, the undersigned, intend to participate as a volunteer in the BIOLA UNIVERSITY Biola Youth Theatre program. I understand that I am not an employee of BIOLA UNIVERSITY and will not receive any compensation or benefits for my services and that BIOLA UNIVERSITY does not provide worker’s compensation insurance for volunteer participants. I understand that in my volunteer activity there is a risk of injury, damage and loss to me and I agree to assume all risks and responsibilities surrounding my participation. In consideration of the opportunity to volunteer, I hereby release and forever discharge and hold harmless BIOLA UNIVERSITY, its trustees, officers and employees, from any all claims, demands, costs, liabilities and actions, including attorney’s fees and court costs, arising out of my volunteer participation in this program.

I have read and understand the foregoing provisions and agree to abide by the terms thereof.

Dated: ____________________

Volunteer Signature

Volunteer Name – please print
BOTH Parents must complete and sign this section.

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.

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.

Signature: ____________________________ Date: ____________________________

5/11/10