

# PEPPERDINE UNIVERSITY

## 2014 Pepperdine View Release Form

**TEEN'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

Medical conditions/Dietary restrictions: \_\_\_\_\_

**TEEN'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

Medical conditions/Dietary restrictions: \_\_\_\_\_

**TEEN'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

Medical conditions/Dietary restrictions: \_\_\_\_\_

### **PARENT CONTACT INFORMATION**

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

I, the undersigned parent or guardian, grant permission for the above named teen(s) to go off campus with the Pepperdine Bible Lectures teen program. In the event of an emergency where medical treatment is required, I give permission to the staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff, and Pepperdine University from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be made by me or by my insurance company.

I also understand that as a participant, my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials or other publications including social media.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_