

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 _____