## warner pacific college

## Bring this with you! Please print, read and complete this liability and photo release.

## Must be completed by a parent or legal guardian if you are under 18 years of age:

I. My son/daughter, \_\_\_\_\_\_, has permission to attend a Warner Pacific College event. I release the college of any liability for injury or damage that may occur during the event activities. I hereby give my consent for medical treatment to be given as may be deemed necessary by a physician in the event of an accident or injury. I understand that an attempt will be made to immediately contact persons at home by phone in such an event. I also understand that my son/daughter will remain on the campus (except when accompanied by a Warner staff member), and will comply with all College lifestyle expectations.

 Parent Signature:
 \_\_\_\_\_\_

 Emergency contact:
 Phone:

**II.** I hereby grant to Warner Pacific College and release all right, titles, and interest in all:

- 1) written and/or oral statements, or transcriptions thereof
- 2) pictures of any type, including, but not limited to, video images and/or photographs (hereafter referred to as "production") taken of me or my son/daughter as of this date.

I further grant to Warner Pacific College full permission to use said production in whole or in part, with or without use of my name, in conjunction therewith for publication, advertising, publicity, or any other legal purpose. I understand that Warner Pacific College complies with all provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), and that my signature on this form constituted a release under current FERPA provisions.

Please check the appropriate box:

FLOURISH

- I hereby contract that I am of full legal age and/or have legal authority and full right to contract my own name.
- □ I am not 18 years of age and my parent or legal guardian is completing this form.

Participant (or parent/legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_ Participant (or parent/legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_\_ Telephone: \_\_\_\_\_