

# ELEVATE

**ELEVATE - May 24-27, 2024**  
**Point Loma Nazarene University**  
**San Diego, California**

## Participant Registration Agreement Form

### **PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

### **EMERGENCY CONTACT 1 INFORMATION**

Name: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **EMERGENCY CONTACT 2 INFORMATION**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Ins. Co: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Please describe below any health (medical, physical, psychological, emotional) conditions, special circumstances, medications, or Allergies that our event staff should be aware of:

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## **Assumption of Risk and Release of Liability**

In consideration of the use of the designated Point Loma Nazarene University campus facilities and equipment and/or participation in activities on PLNU's campus in association with ELEVATE camps ("Camp Activities"), I agree as follows:

1. Assumption of Risk: I understand and acknowledge that the use of and participation in Camp Activities in association with ELEVATE camps on PLNU campuses is entirely voluntary and involves potential risks including but not limited to risk of property damage, bodily injury, permanent disability, paralysis and/or death. These risks may result from participation in Camp Activities, the acts of others, or the unavailability of immediate medical staff response. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my use of and participation in any Camp Activities.
2. Certification: I am in good physical and mental health and do not have any physical or mental conditions that could affect my ability to use or participate in Camp Activities. I am aware that the university does not provide on-call medical personnel for Camp Activities.
3. Release: I hereby release, indemnify and hold harmless Point Loma Nazarene University, its trustees, employees, agents and volunteers from and against any blame and liability whatsoever for any property damage, property loss, property theft, personal injury, death, claim, or any damage of any kind whatsoever, including attorney's fees, which may arise out of or relate in any ways to the use of or participation in Camp Activities, to the maximum extent permitted by applicable law. I agree to be solely responsible for any medical, health or personal injury costs relating to the use of or participation in Camp Activities.
4. No Assumption of Responsibility by University: I understand that PLNU does not assume responsibility for any loss, injury or damage to person or property in connection with use of or participation in Camp Activities which results from causes beyond the control and without fault of PLNU.
5. Consent to Emergency Treatment: I hereby consent to medical treatment in a medical emergency where I am unable at the time to consent to such treatment.

I HAVE CAREFULLY READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS RELEASE.

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including, releasing Point Loma Nazarene University from all liability on my and the Participant's behalf, and assuming all risks of the Participant's participation in Camp Activities, including travel to, from and during the ELEVATE Camp. I allow Participant to participate in Camp Activities. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I HAVE CAREFULLY READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS RELEASE.

**Signature of Minor Participant's Parent/Guardian:** \_\_\_\_\_

**Name of Minor Participant's Parent/Guardian (print):** \_\_\_\_\_

**Minor Participant's Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_