

## **Explore NNU - Student/Parent Release Form**

\_\_\_\_\_  
Student Name ("Student")

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Student Birthdate

\_\_\_\_\_  
Church or School Name (If visiting with a group)

\_\_\_\_\_  
Address

\_\_\_\_\_  
High School Graduation Month/Year

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

\_\_\_\_\_  
Doctor's Name and Phone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Medical Insurer and Medical Insurance Number

**Student** intends to take part in Explore NNU. **Student and Parent** hereby agree that **Student** will abide by the Northwest Nazarene University Lifestyle Expectations (including no cohabitation, and no use of alcohol, drugs or tobacco) for the duration of Explore NNU. **Student and Parent** acknowledge that **Student's** violation of this Student/Parent Release Form may result in **Student's** immediate dismissal from Explore NNU and **Student's** immediate return to his home at **Parent's** expense, as determined by NNU at its sole discretion.

**Student and Parent** acknowledge that, in traveling to and from Explore NNU, and during the duration of Explore NNU, **Student** may be involved in activities which may create the possibility of injury to the **Student**. Such activities may include various sporting activities, skiing, tubing, rock climbing, as well as various other activities. By signing below, **Student and Parent** consent to and acknowledge **Student's** involvement in such activities, and acknowledge that such activities are included within the release and discharge below. Furthermore, **Student and Parent** do hereby represent that **Student** is in good physical and mental condition, unless otherwise indicated in a signed document attached hereto.

**Student and Parent** hereby release and discharge Northwest Nazarene University and its agents, employees, independent contractors and assigns ("NNU") from any all causes of action, suits injuries, or any other claims or demands ("Claims") arising out of **Student's** participation in Explore NNU, whether such Claims arise from activities on or off the campus of NNU. In case of illness, accident, or injury, **Parent** agrees to assume full liability and responsibility for any medical expenses incurred by **Student or Parent** as a result of such illness, accident, or injury. **Student and Parent** hereby grant consent and permission to NNU to obtain any medical care and treatment for **Student** that NNU, in its sole discretion, may deem necessary, including care and treatment by a physician or nurse, athletic trainer or hospital.

\_\_\_\_\_  
Signature of **Student** and date

\_\_\_\_\_  
Signature of **Parent** and date

In case of emergency, the **Parent** can be reached at the following phone number: \_\_\_\_\_