

Azusa Pacific University Medical Authorization and Release

As consideration for Azusa Pacific University's permission to use its facilities and services:

I knowingly and voluntarily release, acquit and forever discharge Azusa Pacific University and its related persons from any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts and expenses of any nature whatsoever, known or unknown, suspected or unsuspected, foreseen or unforeseen, matured or un-matured, which exist, have existed, or may arise from any matter whatsoever occurring, including, but not limited to, any claims arising out of or in any way related to my and my dependents' presence on the campus of Azusa Pacific University which I or my dependents have or hereafter may have, own or hold against Azusa Pacific University or its related persons.

In case of illness or injury, I hereby authorize emergency medical treatment for myself or my unaccompanied minor children (named below) and agree to assume full responsibility for any such treatment, including payment of cost and any claims arising from or associated with such medical treatment.

By executing this Authorization and Release, I am waiving all my and my dependents' claims against Azusa Pacific University and its related persons arising under common law or any federal, state or local laws of any state.

Print Name

Date

Signature

Name of Minor Child:
