



**BLU Educational Foundation**

P.O. Box 7042  
San Bernardino, CA 92411  
(909) 685-9995 office cell

**Permission and Medical Authorization Form**

I hereby give my permission for my child, \_\_\_\_\_ to participate in the **Black College Expo at the LA Convention Center in Los Angeles, CA**. This event is to be held **Saturday, February 10, 2018 from 10:00am-7:00pm**.

**Pick Up: Rialto HS 10:00am Summit HS 10:15am**

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardian's expense.

Should the need arise, I do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable BLU Educational Foundation, its officers or leaders for medical aid rendered. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and date(s) listed above.

Print Parent or Guardian Name	Address	Home Phone
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Signature of Parent or Guardian	Date	Signature of Student	Date
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Health Insurance Company	Policy Number
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Currently taking medication? Yes\_\_\_ No \_\_\_ If yes, Specify: \_\_\_\_\_ Dosage: \_\_\_\_\_  
(Name of medication)

Allergic to: \_\_\_\_\_

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE, PLEASE  
CONTACT:

Name	Address	Phone
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## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in BLU Educational Foundation's programs/activities during the 2017-18 program year, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, BLU Educational Foundation, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in a BLU program/activity, or while in, on or upon the premises where the program/activity is being conducted.
2. I am fully aware of the unusual risks involved and hazards connected with this program/activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said program/activity with full knowledge that said program/activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such program/activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said program/activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. I understand that BLU Educational Foundation does not maintain any insurance policy, covering any circumstance arising from my participation in this program/activity or any event associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.
6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

### PARTICIPANT

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

\_\_\_\_\_  
Signature

If Participant is under the age of 18, Parent/Guardian executes this Release for full, adequate and complete consideration fully intending to be bound by same. Parent/Guardian consents to the minor's participation in the program/activity, consents for BLU Educational Foundation to seek reasonable and necessary medical treatment for Participants during such event or associated activities, and agrees to be responsible for any cost of such treatment.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date