



Preview Days 2019 Liability Release Agreement

By signing this liability form, I understand that I have given up my considerable future legal rights and take full responsibility of any personal injury, death or damage to personal property associated with Concordia University Irvine's **Preview Days** which will be held on **Friday, November 15, 2019, to Saturday, November 16, 2019**, at Concordia University Irvine, 1530 Concordia West, Irvine, CA 92612.

I have signed this agreement voluntarily and freely.

_____ Participant's Printed Name	_____ Signature	_____ Date
_____ Emergency Contact Name	_____ Emergency Contact Phone #	_____ Relation to Participant

If the participant is less than 18 years of age:

As the parent/guardian of the above named student, by signing this liability form, I understand that I have given up my considerable future legal rights and take full responsibility of any personal injury, death or damage to personal property associated with my child's participation in Concordia University **Preview Days** which will be held on **Friday, November 15, 2019, to Saturday, November 16, 2019**, at Concordia University Irvine, 1530 Concordia West, Irvine, CA 92612.

I have signed this agreement voluntarily and freely.

_____ Parent's Printed Name	_____ Signature	_____ Date
_____ Participant's Printed Name	_____ Signature	_____ Date
_____ Emergency Contact Name	_____ Emergency Contact Phone #	_____ Relation to Participant