LGBTQIA Conference Waiver

Liability Waiver
In consideration of the University of the Pacific allowing me to participate in the 2014 LGBTQIA Conference on February 21-23, 2014, I hereby release the conference committee members, agents, and employees of the University of the Pacific from all liability from damages and injuries which I may sustain during the conference. I recognize that there will be a variety of events and programs offered on and off campus at the University of the Pacific and I assume all risk associated with participation in the events and all other related to the conference, as well as travel to and from the conference activities.

Alcohol and Substance Use Contract
I understand that alcohol and illicit drugs are nationally recognized as substances that may have a negative effect on the lives of college students. As a conference that works largely with college students under the legal drinking age, it is recognized that alcohol and drugs are not needed to have a good time or to promote positive growth. Both illicit drugs and alcohol can be lethal. Therefore, all events will be drug free, and all federal laws pertaining to alcohol and illegal drugs will be enforced.

Media Release Form
I give University of the Pacific permission to record my image and/or voice and grant all rights to use these sound, still, or moving images for school documentation purposes, which will be used for media purposes. I agree to release and hold exempt University of the Pacific from and against any claims, damages or liability arising from or related to the use of the photographs/video. I agree that all rights to the sound, still, or moving images belong to the University of the Pacific.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Print name of Delegate: ____________________________________________

Signature of Delegate: ____________________________________________ Date: ______________________

Signature of Parent/Guardian: ____________________________________________ Date: ______________________
(If under 18 years of age)