



# SC Outfitters | Participant Waiver and Information Form

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

## SC Outfitters | Participant Information Form

SC Outfitters collects the following information from all our participants to help us in the case of an emergency. Please fill out this form as completely to the best of your ability. All information will be kept with the strictest confidentiality.

Medical History: Please list any and all medications you are currently taking (including any over the counter medications).  
\_\_\_\_\_

Please list any allergies you may have (e.g. hay fever, bee stings, medicines).  
\_\_\_\_\_

Please list any relevant medical history you have including any serious injuries, illnesses, or operations.  
\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Personal Information: Health Insurance Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Do you have any food restrictions? (e.g. food allergies, religious/moral/personal preferences)  
\_\_\_\_\_  
\_\_\_\_\_

I affirm the preceding information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date

## USC Office of Student Activities | Waiver, Release and Indemnity Agreement

By signing below, I acknowledge that I **have fully read and agree to the conditions listed** in the University of Southern California's Office of Student Activities' **Waiver, Release and Indemnity Agreement** (available at: <http://hermes.scoutfitters.org/waiver-agreement>) including, but not limited to, having been **fully and completely advised of the potential dangers** incidental to engaging **any activity/member event/outdoor trip with SC Outfitters** until the end of the current USC semester when this agreement has been entered into as determined by the signature and date on this form, and am fully aware of the legal consequences of signing the within instrument.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent/Guardian (where applicable) Date

**University of Southern California  
Office of Student Activities**

Waiver, Release and Indemnity Agreement

For and in consideration of permitting (1) \_\_\_\_\_ to enroll in and participate in activities and/or retreats/conferences described as \_\_\_\_\_ offered by (2) The University of Southern California, in the city of Los Angeles, County of Los Angeles, and the State of California, beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the undersigned hereby voluntarily RELEASES, DISCHARGES, WAIVES and RELINQUISHES any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/her heirs., executors, administrators and assigns hereby RELEASES, DISCHARGES, WAIVES and RELINQUISHES any action or causes of action, aforesaid, which may hereafter arise for him/herself and his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against, (2) THE UNIVERSITY OF SOUTHERN CALIFORNIA or any of its officers, agents servants or employees for any of said causes of action, whether the same shall rise by negligence of any said persons, or otherwise. IT IS THE INTENTION OF (1) \_\_\_\_\_ BY THIS INSTRUMENT, TO EXPRESSLY ASSUME ALL RISK OF SUCH PERSONAL INJURY, DEATH , OR PROPERTY DAMAGE UPON HIM/HERSELF, TO THE EXCLUSION OF USC AND TO EXEMPT AND RELIEVE (2) THE UNIVERSITY OF SOUTHERN CALIFORNIA FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against (2) THE UNIVERSITY OF SOUTHERN CALIFORNIA arising from our related to him/her, he/she shall indemnify and save harmless the same (2) UNIVERSITY OF SOUTHERN CALIFORNIA from and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges the he/she has read the forgoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and/or retreat/conference of \_\_\_\_\_ and is fully aware of the legal consequences of signing the within instrument.

CIRCLE ONE: UNDERGRADUATE    GRADUATE    FACULTY    STAFF    GUEST/VISITOR  
OTHER \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CAMPUS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ USC ID # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEDICAL & HEALTH INSURANCE NAME \_\_\_\_\_ POLICY NO. \_\_\_\_\_

WITNESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATED \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian  
(Where applicable)