PERMISSION AND RELEASE FORM

\*\*\*HIGH RISK EVENT(S)\*\*\*

Event/Program: Hiking Trip with David Eggleston

Location: Black Star Canyon Road, Silverado, Orange County

Time: 8:00 AM

Participant’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due to the nature of this hiking trip, which involves steep trials, physical contacts, and transportation to be a HIGH RISK EVENT. Due to these conditions stated above and more, I hereby release and discharge

David Eggleston, Andrew Vo, and the University of Southern California, Ostrow School of Dentistry at USC, its constituent organizations including and their officers, employees and volunteers from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event that I am injured as a result of my participation in the above name activity, including transportation to and from this activity, whether or not caused by the negligence or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition that I have which would render it inappropriate for me to participate in this hiking activity.

I, hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physicians, nurse, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed staff.

I agree that USC and/or the Dental School will not sanction or be responsible for this event and the risks

inherent in hiking.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_