

1. PERSONAL INFORMATION

Full Name: _____

Provincial Health Care or Insurance Policy Number: _____

Medical Insurance Company: _____ Medical Insurance Phone: _____

2. VEHICLE INFORMATION

Vehicle Make & Model: _____ License Plate: _____ Vehicle Year: _____

Registered Owner(s)/Operator(s): _____

- Yes, I have valid insurance* for the year and for the area in which I will be operating the above vehicle. I agree to drive responsibly by obeying the restrictions on my insurance policy and/or drivers license, and obeying all traffic/parking signs on the PLBC campus. I recognize that failure to do so will result in an appropriate community violation fine and, depending on the severity of the violation, I will adhere to the appropriate course of discipline as outlined in the Student Handbook and "Standards of Community Life". All vehicles parked on campus must have valid insurance and be in a safe operating condition. Vehicles parked on campus are there at owner's risk.

*If insurance is from a location outside of B.C. you will need to obtain an "Out-of-Province Exemption Form" from the Insurance Corporation of B.C. (ICBC). Call Toll Free (1.800.665.4336)

3. PAYMENT INFORMATION

METHOD OF PAYMENT:

 Cash, Cheque, or Interact (Debit) VISA or MasterCard 3rd Party Billing (i.e. Native Band) Scholarships Student Loans / Other Payment

Pay at Linda C. or Linda W. desk in Office

Pay at Dennis Hixson's desk in Office

4. ROOM & BOARD INFORMATION

Room #: _____ Roommate: _____ Parking Stall #: _____

TYPE OF ROOM / PAYMENT PLAN:

 Double Occupancy (\$1900) Four Payments (\$2000; \$500 each payment) - 1st Payment due at Registration Single Occupancy (\$2300) Four Payments (\$2400; \$600 each payment) - 1st Payment due at Registration

5. MEDICAL WAIVER

Authorization for Treatment: I hereby give permission to authorized Pacific Life Bible College Staff to provide Emergency First Aid and arrange necessary transportation to the closest Hospital in the event that I am not able to give consent in an emergency.

In the event of an accident, my medical expenses will be paid for by my Provincial Health Plan, my extended medical coverage or my personal insurance plan. If that does not completely cover medical expenses, PLBC's accidental coverage will pay for additional expenses up to a limit of \$5,000.00 for dental and \$25,000.00 for other injuries.

Signed: _____

Dated: _____

6. WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the events and activities of Pacific Life Bible College, undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Pacific Life Bible College, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signed: _____

Dated: _____

7. PHOTO, MUSIC, & VIDEO WAIVER AND RELEASE OF LIABILITY

I, the undersigned, hereby give permission to PLBC to use musical recordings, photographs and video ("Images") taken of me during my enrollment dates for promotional purposes. I give PLBC all worldwide right, title and interest so that all Images shall be owned by PLBC. PLBC shall have the irrevocable right to use, publish, reproduce, create derivative works of, distribute, publicly perform and publicly display, either digitally or in any other medium now known or later developed, such Images in any form, including without limitation, use as part of a composite or distorted in character or form, without restriction as to text, changes or alterations, whether or not in conjunction with my name or a fictitious name, for illustration, promotion, art, editorial, advertising, trade, publishing, or any other commercial purpose whatsoever. I also consent to the use of any narrative, text, audio, sound, action, program, effect or other matter that may be used in connection with the Images and the permitted uses, and irrevocably waive any right that I may have to inspection or approval of any of the deliverables or uses contemplated in this Release. In consideration of the Model's consent and release, PLBC will use reasonable commercial efforts to ensure that the Images will not be used for any pornographic, obscene, defamatory or libelous purpose. I hereby irrevocably release PLBC from any claim or cause of action, now known or later developed, resulting from or in connection with any use of the Images contemplated by this Release, including without limitation, any claims for libel, defamation, invasion of privacy, or breach of publicity or other property rights. I have carefully read the above Release prior to signing, and am fully familiar with the contents and consequences of it; and this release shall be binding without restriction as to time or otherwise upon the Model and his/her heirs, executors, legal representatives, successors and assigns, as the case may be.

Signed: _____

Dated: _____

8. DECLARATION

I declare that the information provided in this form is accurate and true. I have read and understand Pacific Life Bible College's privacy policy concerning the collection, use and release of personal information. I have read and am in agreement with PLBC's Statement of Faith. I agree to abide by the principles and practices as outlined in the Student Handbook, Community Responsibilities, Catalogue and the Conditions of Admission.

Signed: _____

Dated: _____