

## Assumption of Risks, Release and Waiver

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BE SURE YOU UNDERSTAND IT BEFORE SIGNING AND CONSULT A PERSONAL ATTORNEY IF YOU NEED HELP IN UNDERSTANDING IT.**

Participant Name:	Email:	Phone:	
Address:	City:	State:	Zip:
Activity Name/Description:			
Location of Activity:			

**Assumption of Risks:** I wish to voluntarily participate in the Activity described above. I understand that participation carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that the University of Illinois does not guarantee my personal health and safety or protect me against risk of loss of personal property. Some of the risks of the Activity may include but are not limited to: transportation accidents, weather hazards and natural disasters, infectious diseases, slips and falls, burns, pinches, scrapes, scratches, sprains, fractures, and concussions. I also understand that injury and loss to me may result from unknown or unexpected risks and may result from the use of equipment, materials, or facilities provided by the university; environmental conditions; acts or omissions of others; and unavailability of immediate or adequate medical care. It is also possible that my participation in the Activity could result in injury or harm to a person other than myself, and I accept sole responsibility for my actions.

**[Check if applicable]  Safety Guidelines:** I have been provided with safety guidelines relevant to the Activity, which either have or will have read prior to participating in the Activity. I will not participate in any portion of the Activity if a medical condition prevents me from complying with these safety guidelines, even with an accommodation.

**Release and Waiver of Claims:** In consideration for this opportunity to participate in the Activity, I hereby release, discharge, and hold harmless the Board of Trustees of the University of Illinois and its officers, employees, agents and volunteers (collectively "University") from all liability, and waive all claims, actions, demands, losses, damages, liabilities, and expenses (including attorney fees), for personal injury and bodily injury (including death) and for property loss and damage arising out of my participation in the Activity. If I am injured or become ill while participating in the Activity, I understand and agree that I am responsible for my own medical bills, including co-payments and deductibles, and that I will not seek reimbursement from the university.

**Photo/Publication Release:** I grant the Board of Trustees of the University of Illinois permission to use for University promotional purposes, including in publications, my photograph and any recordings of me made as part of the Activity.

**Acknowledgement of Understanding:** I have read and understand this Assumption of Risks, Release and Waiver agreement. I understand that by signing this agreement, I am giving up substantial rights, including my right to sue. By choosing to participate in the Activity and signing this agreement, I represent that I fully understand and assume the associated risks on behalf of myself as participant or on behalf of the minor participant. I consent to medical treatment in the event of injury or illness during the Activity.

I am signing this agreement freely and voluntarily and intend for this agreement to be a complete and unconditional release of all liability and claims as described to the greatest extent allowed by law. This agreement is binding on my heirs, personal representatives, assigns and those of the minor.

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Signature of Parent of Minor Participant (under 18)

Date

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Signature of Participant (if 18 or older)

Date