

UIS LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

TODAY'S DATE _____

I, _____ of _____
(Name of Participant) (Address)

In consideration of my participation in the program sponsored by: _____
Name of Student Organization/Sponsoring Office)

_____ at _____
(Title of Program) (Location(s) of Event)

which will start on _____ And end on _____
(Date/Time) (Date/Time)

do hereby, along with my administrators,executors, and assigns, release and forever discharge the Board of Trustees of the University of Illinois and its officers, agents and employees collectively, the "University") and the above named organization/office including its members, from any claims, demands, actions and causes of actions of every name and nature I now have or may ever have rising out of my participation in this program and travel to and from the program. I understand that the University gives no assurances or warranties whatsoever as to the safety of participants in this program. I further acknowledge that I am aware of the risks to me of injury, property damage or loss, or even death entailed in my participation in this program. I do fully and completely assume all risks solely to myself and accept full responsibility for my individual physical fitness to participate in this program. I, along with my administrators executors, heirs and assigns, further agree to indemnify and hold the Board of Trustees of the University of Illinois, it employees and the above named student organization/or office including its individual members, harmless from all expenses, losses, claims causes of action or damage arising out of my participation in this program, and related travel including any attorney's fees and court costs arising from the same. I have read and understand this document and am signing it of my own free will in order to gain permission to participate in the program. According to the best of my knowledge the aforementioned information is correct and true and I realize that any incorrect or erroneous information provided is my responsibility.

(Participant's Signature) (Participant's Cell Number) (Date)

If participant is under 18 years of age

Parent/Guardian Signature (Parent/Guardian Contact Number) (Date)

In case of an accident or serious illness or injury I hereby authorize The Board of Trustees of the University of Illinois and its representatives to contact the person(s) listed below. (Please note that this emergency contact information will be entered into the UIS Student Information System).

1) Name _____ Phone _____
Relationship _____

2) Name _____ Phone _____
Relationship _____