## RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUE AGREEMENT

## (BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby acknowledge that	participation by my child in	(camp
program title), a voluntary educatio	nal, athletic, social, and/or recreational car	np program sponsored and administered by
Southern Illinois University Edward	dsville's Department of	from,
	olves an inherent risk of and exposure to pr	
	ngers related to such activities may include	
	abrasions, bruises, drowning, concussion,	
	acknowledge that I am aware that there are	
	preparation for, and travel to and from such	
my sole responsibility to allow my	child to participate only in those activities	•
	State of Illinois, on behalf of Southern Illin	
members individually, and its office	ers, agents, and employees, hereinafter "Re	eleasees", do not warrant or guarantee in an
respect the competency or mental o	r physical condition of any third-party affil	liated with the camp program, including any
	inteers, vehicle drivers, or individual partic	
± •	-	easees make no warranty as to the condition
	ent, vehicle, property, or premises for any p	<del>-</del>
	therwise, including the Camper Accident/N	· -
-	or other costs arising out of any bodily in	
		y assume on behalf of my child any and all
	n of Releasees arranging for and allowing r	
		ilable for my child's use while participating
	t, facilities, grounds, or personnel of Releas	
	•	· · · · · · · · · · · · · · · · · · ·
	forever discharge Releasees from any and a	·
		njury, property damage, or the consequence
<del>-</del>	y connected with my child's participation	
	at Releasees do not have medical personne	<u>-</u>
	l permission to authorize emergency medic	
•		es assume no responsibility for any injury o
	in connection with such authorized emerg	
	Waiver of Liability, Assumption of Risk, &	
	ver, in whole or in part, of sovereign immu	• •
during the entire period of my child	I's participation in the above referenced vo	luntary camp program; that it binds me,
members of my family, my spouse,	and my child's heirs, executors, administra	ators, and assigns; that it shall be construed
in accordance with a the laws of Illi	inois; and that if any of its terms or provision	ons are held illegal, unenforceable, or in
conflict with any law, the validity of	of the remaining portions shall not be affect	ted thereby.
I have read, understand, an	d have freely and voluntarily signed this R	elease, Waiver of Liability, Assumption of
Risk, & Covenant Not To Sue Agree	ement.	
This the	day of, 201	
Signature of parent or guardian	Name and age of child (print)	Date
Signature of witness		
(Must be 18 years or older)		

## SUMMER ACTIVITIES FOR YOUTH HEALTH INFORMATION AND CONSENT FORM

Camp or Program Participant's Name \_\_\_\_ (last) (first) (middle) Home Address 3. and Phone: (street or route) (city or town) (state) (zip) (phone) Parent's Names: Mother (or Guardian) (last) (first) (middle) Father (or Guardian) (last) (first) (middle) Work Address and Phone: Mother (or Guardian) (place) (street or route) (city or town) (state) (zip) (phone) Father (or Guardian) (place) (street or route) (city or town) (state) (zip) (phone) Please list a close relative or friend who may be contacted if you are unavailable in case of an emergency: Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain. Handicapping conditions\_\_\_\_\_ Diseases \_Allergies\_ Activity restriction\_ Necessary regular medications\_\_\_\_\_ Physician to be contacted in case of emergency: Telephone Number Address Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above. (Signature of parent or guardian) (date) Consent of Treatment-----I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for \_\_\_\_, a minor. I understand that I will be responsible for any charges incurred for such care. Telephone\_ (Parent or Guardian, if patient is under 18 years of age) Relationship to Minor\_ Distribution: Program Director / Program Staff

To be completed by the participant's **PARENTS**. Please return with camp application.