AGREEMENT AND ACKNOWLEDGEMENT OF RISK
FOR PARTICIPANTS ATTENDING:

NAME OF EVENT   DATE(S)   YEAR

THIS FORM IS AN ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGES AN UNDERSTANDING OF RISKS ASSOCIATED WITH THE ABOVE-REFERENCED ACTIVITY.

This document affects your legal rights. You must read and understand it before signing it.

Name _____   Phone _____

Address _____   City _____   State _____   Zip _____

ACKNOWLEDGEMENT OF RISKS

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to   transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of equipment, materials, or facilities recommended by the University of Illinois, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate and/or adequate emergency medical care. There is also the possibility that my engaging in such activities could cause injury or harm to a person other than myself.

The activity is described below:

I verify that I have no physical disabilities, impairments, or chemical dependencies that inhibit my participation in this Event.

I understand that the University of Illinois does not guarantee my personal health or safety at any point during this Event, nor does it protect me against risk of loss of my personal property.

I understand the University of Illinois does not assume responsibility for the actions of persons not employed by the University, for events that are not part of the Event, or that are beyond the control of the University or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the Event. In consideration of being allowed to participate in the Event, I hereby release the Board of Trustees of the University of Illinois, its officers, agents and employees (collectively "University of Illinois") from any and all claims arising out of or in any way connected with the Event and my participation in the Event, including but not limited to the risks as outlined above.

| **Code of Conduct** |

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| **Acknowledgement of Responsibility** |

- I consent to medical treatment in the event of injury, accident and/or illness during the event.
- In the event I am injured or become ill while participating in this event I understand and agree that I will accept responsibility for any medical bills, including co-payments and deductibles.
- In the event I am injured or my property is damaged as a result of participating in this activity I will not seek reimbursement from the University of Illinois unless it is the sole negligence of the University of Illinois that caused my loss. I understand and agree to let the University of Illinois Claims Management office adjudicate the claim and will abide by their findings.
- In the event that while participating in this activity I cause harm to another person or another person's property I accept sole responsibility for my actions.

I understand and accept the risks; I understand and agree to abide by the code of conduct; and I accept responsibility for injury to myself; my own property; and harm to others that I have caused.

_____   _____
Signature   Date

_____   _____
Parent Signature (if applicable)   Date