



MINOR CHILD WAIVER INFORMATION

Western Illinois University is committed to conducting its recreation programs and academic activities in the safest manner possible and holds the safety of participants in the highest possible regard. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, both from the activity itself and the equipment being provided, and I agree to assume the full risk of any injuries (including death), damages or loss, which I may sustain as a result of participating in any and all activities or the use of any and all equipment connected with or associated with such program. Western Illinois University continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that Western Illinois University does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves for a program or activity should review their own health insurance for coverage. It must be noted that the absence of health insurance coverage does not make Western Illinois University automatically responsible for the payment of medical expenses.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in signing up and participating in this program that you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Campus Recreation Activities

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death) damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against Western Illinois University, Board of Trustees of Western Illinois University, and its officers, agents, servants and employees.

I do hereby fully release and discharge Western Illinois University, Board of Trustees of Western Illinois University and its officers, agents, servants and employees from any and all claims from injuries (including death), damages or loss which I may have or which may accrue to me on account of participating in the program.

I further agree to indemnify and hold harmless and defend Western Illinois University, Board of Trustees of Western Illinois University and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize Western Illinois University officials and Board of Trustees of Western Illinois University to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Signature: _____

Name: _____
(please print name)

Current Address: _____

City, State, Zip _____

Date: ____/____/20 **GUEST OF:** _____

PARENT OR GUARDIAN OF A MINOR: _____