

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

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

I hereby acknowledge that my child's participation in the **School of Engineering Summer Camp - June 2-7, 2019**, hereinafter "**Activity**", sponsored and administered by Southern Illinois University Edwardsville (hereinafter SIUE ), involves an inherent risk of and exposure to property damage and bodily or personal injury to my child as a participant and to others as participants. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in the Activity and in the training, preparation for, and travel to and from the Activity to and for my child. I further acknowledge that it is my child's sole responsibility to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training for the Activity. I acknowledge that SIUE does not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Activity, including third party leaders, instructors, vehicle drivers, or individual participants in the Activity. I further acknowledge that SIUE makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in the Activity. I hereby assume any and all such risk. I acknowledge that SIUE does not provide insurance coverage for my child. For the sole consideration of SIUE arranging for and allowing my child's participation in the Activity, and in connection therewith, making available for my child's use while participating in the Activity, certain equipment, facilities, grounds, or personnel of SIUE, I hereby do for myself, my child, my spouse, if applicable, my heirs, executors, administrators and assigns, agrees to waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's participation in the Activity whether caused by the ordinary, active or passive negligence of SIUE or otherwise, to the fullest extent provided by law. I understand and agree that SIUE does not have medical personnel available at the locations of the Activity; that SIUE is granted permission to authorize emergency medical treatment for my child, that such action by SIUE shall be subject to the terms of this Agreement; and that SIUE assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it shall be effective during the entire period of my child's participation in the Activity; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Missouri; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

**I have read and understand this entire statement and have freely and voluntarily signed this Waiver & Release of Liability & Covenant Not To Sue Agreement. I warrant that I am over the age of 18 years.**

**This \_\_\_\_\_ day of \_\_\_\_\_, 2019.**

\_\_\_\_\_  
**Signature of Parent**

**Parent's Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Witness**  
**(Must be 18 years or older)**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SUMMER ACTIVITIES FOR YOUTH  
HEALTH INFORMATION AND CONSENT FORM**

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

1. Camp or Program School of Engineering Summer Camp Dates June 2-7, 2019

2. Participant's Name \_\_\_\_\_  
(last) (first) (middle)

3. Home Address \_\_\_\_\_  
and Phone: (street or route) (city or town) (state) (zip) (phone)

4. Parents or Guardian Names: 1. \_\_\_\_\_  
and Work Address (last) (first) (middle)

(place of work) (street or route)

(city or town) (state) (zip) (phone)

2. \_\_\_\_\_  
(last) (first) (middle)

(place of work) (street or route)

(city or town) (state) (zip) (phone)

6. Please list a close relative or friend with phone number who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain.

\_\_\_ Physical conditions \_\_\_\_\_

\_\_\_ Medical conditions \_\_\_\_\_

\_\_\_ Allergies \_\_\_\_\_

\_\_\_ Activity restriction \_\_\_\_\_

\_\_\_ Necessary regular medications \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

8. Physician to be contacted in case of emergency:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

9. Preferred hospital if given a choice: \_\_\_\_\_

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.

Signature \_\_\_\_\_ Telephone \_\_\_\_\_  
(Parent or Guardian)

Relationship to Minor \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Program Director / Program Staff

**PHOTOGRAPH / VIDEO CONSENT AND RELEASE (CHILD)**

I, *(print name)* \_\_\_\_\_, parent or official guardian of  
*(child's name)* \_\_\_\_\_ hereby consent and grant permission  
to the Board of Trustees of Southern Illinois University Governing Southern Illinois University  
Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs,  
videotapes, digital images, or otherwise recorded images of **my child** and to publish such images or  
depictions for promotional, marketing, or educational purposes in any form, including, but not limited to  
print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop,  
retouch, or otherwise alter such images or depictions of **my child**, I waive any privilege to inspect such  
images or depictions prior to publication, and I authorize the use of these images indefinitely without  
compensation to me or **my child**. All negatives, positives, prints, digital reproductions and videotape shall  
be the property of SIUE.

SIUE may \_\_\_\_ may not \_\_\_\_ *(check one)* use **my child's** name and identity in connection with the image.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of parent or guardian)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*