Assumption of Risk

(A seat will not be reserved on the bus until this form is received from the student)

(full legal name of Participant)

LIABILITY RELEASE, WAIVER DISCHARGE AND COVENANT NOT TO SUE **Southern Illinois University Edwardsville**

Release executed by

whose address is	to the
Board of Trustees of Southern Illinois University, a body politi	
behalf of Southern Illinois University Edwardsville.	•
1.0 I desire to participate in the following activity/trip S1	UF Chicago Rus Tour) to be
	<u> </u>
held on <i>April 9-10, 2017</i> , and I fully understand and app	reciate the dangers, hazards, and risks
inherent in the Activity, in the transportation to and from the A	ctivity, which dangers include but are not
limited to	[if necessary, described in
more detail in the attached], and which also could include serio	ous or even mortal injuries and property
damage. I understand that the list of such dangers is not a comp	orehensive list and that other risks may be
associated with my participation in the Activity or transportation	on to and from the Activity.
2.0 Knowing the dangers, hazards, and risks of such activity	ies, and in consideration of being
permitted to participate in the Activity, on behalf of myself, my	,
representative(s), I, the undersigned, agree to assume all the ris	
participation in the Activity, the transportation, and in any inde	± • • • • • • • • • • • • • • • • • • •
as an adjunct thereto, and in advance release, waive, forever dis	•
Institution, its governing board, officers, agents, employees, an	<u> </u>
(hereafter called the "Releasees"), from and against any and all	liability for any harm, injury, damage,
claims, demands, actions, causes of action, costs, and expenses	of any nature that I may have or that may

3.0 I understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, Releases shall not be responsible or liable for any costs or other charges related to such medical treatment.

hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

4.0 I understand that any personally owned automobiles used in conjunction with this Activity are not covered by the university for personal property damage or liability. I understand that if I utilize a personally owned automobile I am required to carry auto liability insurance as required by the State of Illinois and any state in which this activity involves. Further, if I agree to be a passenger in a vehicle that is not owned and/or operated by a University faculty member or representative, I hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from any and all loss, damage, injury or liability that may arise from such act.

5.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in

SIUE Chicago Bus Tour.

STUDENT/PARTICIPANT.

- 6.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.
- 7.0 I am voluntarily participating in this activity, despite the possible dangers and risks and despite this Release.
- 8.0 I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.
- 9.0 I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

IN WITNI	ESS WHEREOF, I I	have executed this	release this _	day of	
2017-2018.					

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

WITNESS.

STOPENT/TIMETER AUT.	WIII LESS.	
(Signature)	(Signature)	
(Printed Name)	(Printed Name)	