

CONSENT TO PARTICIPATION AND ASSUMPTION OF RISK AND RELEASE
(Minor -- 17 Years Old or Younger)

I, _____ (sometimes referred to herein as “I” or “me” or “my” or “myself”), and my parent/legal guardian (I and my parent/legal guardian sometimes collectively referred to as “we” or “us”) acknowledge that, I have been offered the opportunity to participate free of charge in certain educational-related activities, as described below, at Illinois Institute of Technology (“IIT”) (hereinafter, the “Activity”). We acknowledge that such participation will provide me with direct and substantial educational benefits. The Activity will take place on the following dates and time: _____
_____. The Activity will generally occur at the following location(s):_____. The Activity will generally consist of the following:_____.

We recognize that direct and inherent risks and hazards are involved in my participation in this Activity, including, but not limited to, those related to using and/or being in laboratories and facilities containing a multitude of chemicals and biological specimens as well as scientific equipment and such other items, activities and individuals that are customarily present on the campus of a research university, which makes my participation in the Activity potentially dangerous, including the potential for causing injury or loss of life. With full knowledge of the facts and circumstances surrounding this Activity and after having had an opportunity to inquire about and investigate these risks and hazards, I knowingly and voluntarily have elected and agreed to participate in this Activity, and my parent/legal guardian has consented to my participation. I and my parent/legal guardian are freely agreeing to assume all responsibility and risk that may arise from or relate to my participation in this Activity including, but not limited to, all risk of personal injury, loss of life, personal property damage, injury to others and damage to the property of others.

We represent to IIT that I have adequate health insurance or other means to provide for and pay any medical costs that may directly or indirectly result from my participation in this Activity and that we will indemnify and hold IIT harmless for the same. We further represent to IIT that there are no health-related reasons or problems which preclude or restrict my participation in this Activity. As stated in the accompanying *Emergency Contact and Medical Information Form* below, which by this reference is made a part of this *Consent to Participation and Assumption of Risk and Release*, we authorize IIT and any of its officers, agents or employees to secure any emergency medical treatment for me deemed appropriate in the event that I suffer injury or illness while participating in the Activity.

We understand that in conjunction with this Activity IIT is NOT providing transportation for me to and from the Activity and that IIT has no responsibility of any kind for me outside of scheduled Activity hours.

I and my parent/legal guardian also represent that we have discussed my participation in this Activity and that I hereby agree to adhere to and follow the directions and rules related to Activity. We understand that I must participate in all required safety training before engaging in the Activity, and I expressly acknowledge and agree not to begin the Activity until I am confident that I have understood all such training. We understand that if I do not conduct myself in a responsible manner and follow such directions and rules that IIT may revoke or restrict my invitation to participate in the Activity and take other reasonable action in response thereto. Further, we understand that IIT may consider my conduct during the Activity in evaluating my ability to participate in future events at IIT.

We state that we understand that we are freely agreeing to assume and take on all of the risks and responsibilities in any way associated with my participation in this Activity. In consideration of and in return for IIT providing me the opportunity to participate in this Activity, which we acknowledge will be beneficial to me, we, as and to the full extent allowed by law, hereby release IIT and its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to me, from my death or from damage to my property in connection with this Activity. We understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failure to act of IIT or its governing boards, employees or agents, including, but not limited to, negligence, mistake or failure to supervise, but excludes willful and wanton conduct.

We recognize that this Release means that we, as and to the full extent allowed by law, are giving up, among other things, rights to sue IIT, its governing boards, employees and agents for injuries, damages or losses that I may incur. We also understand that this Release binds, as and to the full extent allowed by law, our heirs, executors, administrators and assigns. We acknowledge that we have had the chance to seek any third-party advice that we wish, including consulting legal counsel, prior to executing this Release. We acknowledge that we have read this Release in its entirety, we fully understand this Release, and we agree to be legally bound by its terms.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Participant's Signature)	Date: _____
(Parent's/Guardian's Signature)	Date: _____

EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

As stated in the *Consent to Participation and Assumption of Risk and Release* above, we have authorized IIT and any officer, employee or agent of IIT to secure any emergency medical treatment deemed appropriate for me in the event that I suffer injury or illness while participating in the Activity. In furtherance of this request and authorization, we are providing the following information, which we represent is accurate and may be relied upon by any of the foregoing parties seeking to secure medical assistance for me:

EMERGENCY CONTACT INFORMATION:

Participant's Name: _____

Name of Emergency Contact: _____

Relationship of Emergency Contact: _____

Phone Number of Emergency Contact: _____

HEALTH INSURANCE:

Name of Health Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____

MEDICAL HEALTH:

Current Medication Participant Is Taking: _____

Medical Conditions Participant Has of Which Emergency Assistance Providers Should Be Aware: _____

Allergies: _____

We freely and knowingly authorize IIT to use and disclose any of the information provided herein including, but not limited to, medical information, in whatever manner IIT deems appropriate to render assistance to my child in the event of medical emergency. We have read this statement; we fully understand it; and we agree to be legally bound by it.

Signature: _____ Date: _____