

ASSUMPTION OF RISK AND RELEASE
(For Use Only with IIT Students, Faculty or Staff)

I, _____, acknowledge that I am a student, faculty member, employee of or otherwise affiliated with Illinois Institute of Technology (“IIT”) and that I freely desire to participate in, and am being afforded the opportunity to participate in, a certain activity (hereinafter, the “Activity”), which is being sponsored or organized by IIT, namely, _____. The Activity will occur at the following date(s), time(s) and location(s): _____.

I recognize that direct and inherent risks and hazards are involved in my participation in this Activity, including those customarily associated with undertaking and/or participating in strenuous physical activity and exercise and such ancillary matters normally associated therewith, which makes participation in the Activity potentially dangerous, including causing injury or loss of life. With full knowledge of the facts and circumstances surrounding this Activity and after having 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 I am freely agreeing to assume all responsibility and risk from 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.

I represent to IIT that I have adequate health insurance to provide for and pay any medical costs that may directly or indirectly result from my participation in this Activity and that I will indemnify and hold IIT harmless for the same. I 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 *Emergency Contact and Medical Information Form* below, I also authorize IIT and any of its officers, agents or employees to secure any and all necessary emergency medical treatment for me in the event that I suffer injury or illness while participating in the Activity.

I state that I am freely agreeing to assume and take on all of the risks and responsibilities in any way associated with this Activity, and in consideration of and return for IIT providing me the opportunity to participate in this Activity, I hereby release IIT and its governing boards, employees and agents from any and all liability, claims and actions that may arise from any injury or harm to me, from my death or from damage to my property in connection with this Activity. I 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.

I recognize that this Release means I am giving up, among other things, rights to sue IIT, its governing boards, employees and agents for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as me. I acknowledge that I am signing this Release freely and willingly.

I acknowledge, I am 18 years of age or older, I have read this Release in its entirety, I fully understand this Release, and I agree to be legally bound by its terms.

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

(Releaser’s Signature) Date: _____

EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

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

EMERGENCY CONTACT INFORMATION:

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 I Am Taking: _____

Medical Conditions/Allergies I Have of Which Emergency Assistance Providers Should Be Aware: _____

I freely and knowingly authorize IIT to use any and all of the information that I am providing herein, including, but not limited to medical information, in whatever manner IIT deems appropriate to render assistance to me in the event of a medical emergency. I have read this statement; I fully understand it and I agree to be legally bound by it.

Signature: _____ Date: _____