

**UNIVERSITY OF ILLINOIS AT CHICAGO
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS**

**WAIVER & RELEASE
ACCEPTANCE OF RISK & ACKNOWLEDGEMENT OF RESPONSIBILITY**

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

As with any activity or program involving physical exertion, there are certain inherent risks to personal health, safety and/or property associated therewith. You should not participate in any activity unless you are willing to accept the associated risks.

The University of Illinois at Chicago cannot guarantee the health and safety of participants in any event, nor can it eliminate all risk therefrom.

I agree to hold blameless the University of Illinois at Chicago, its Board of Trustees, officers, agents, employees, volunteers, executors, heirs and assigns of and from any and all claims arising out of or in any way connected with participation in any Alumni activity, including but not limited to the risks outlined above.

I further give my permission to the University of Illinois at Chicago medical staff to provide any first-aid care that in their judgment is necessary in the event of an injury or illness. I understand that any medical bills incurred as a result of my participation in any event are my responsibility.

I further state that I have carefully read the foregoing Waiver and Release, that I know and understand the contents thereof and that I sign the same as my own free act and deed.

Participant Name (please print)

Participant Signature

Date

In the event of an emergency, I give permission to the University of Illinois at Chicago Department of Intercollegiate Athletics to contact:

NAME: _____ Phone: _____