

# ACKNOWLEDGEMENT OF RISK FOR PARTICIPANTS ATTENDING EVENT

NAME OF EVENT **ETL Science and Technology Summer Camp 2020**  
DATE(S) **June 22th - June 26<sup>th</sup>, July 6<sup>th</sup> – July 10<sup>th</sup>**  
YEAR **2020**

**THIS FORM IS AN ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGES AN UNDERSTANDING OF RISKS ASSOCIATED WITH THE ABOVE-REFERENCED ACTIVITY ( ETL Science and Technology Summer Camp 2020).**

**This document affects your legal rights. You must read and understand it before signing it.**  
**If you have more than one child in our camp, please sign one form for each student.**

**Student:**

Last name \_\_\_\_\_ Student FirstName \_\_\_\_\_

**Parents/custodian:**

Parent Last name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acknowledgement of Risks**

My children and I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of equipment, materials, or facilities recommended by the University of Illinois, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate and/or adequate emergency medical care.

There is also the possibility that their engaging in such activities could cause injury or harm to a person other than myself.

**Detailed Description**

I verify and declare that my child have no physical disabilities, impairments, or chemical dependencies that inhibit my participation in this Event.

I understand that the University of Illinois does not guarantee my personal health or safety at any point during this Event, nor does it protect me against risk of loss of my personal property.

I understand the University of Illinois does not assume responsibility for the actions of persons not employed by the University, for events that are not part of the Event, or that are beyond the control of the University or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I understand and hereby acknowledge that I assume all risks incurred by my child participation in the Event. In consideration of being allowed to participate in the Event, I hereby release the Board of Trustees of the University of Illinois, its officers, agents and employees (collectively "University of Illinois") from any and all claims arising out of or in any way connected with the Event and my participation in the Event, including but not limited to the risks as outlined above.

**Code of Conduct**

- No eating or drinking except during designated lunch hours
- Do not leave the classroom unless directed by summer camp staff. Please notify any staff member if you need to use the restroom
- Please follow summer camp staff instructions at all times
- Respect your fellow classmates
- We reserve the right to eject any participants from the program and notify their parents immediately if disruptive behavior occurs

**Acknowledgement of Responsibility**

- I consent to medical treatment in the event of injury, accident and/or illness during the event.
- In the event I am injured or become ill while participating in this event I understand and agree that I will accept responsibility for any medical bills, including co-payments and deductibles.
- In the event of my child is injured or his property is damaged as a result of participating in this activity I will not seek reimbursement from the University of Illinois unless it is the sole negligence of the University of Illinois that caused my loss. I understand and agree to let the University of Illinois Claims Management office adjudicate the claim and will abide by their findings.
- In the event that while participating in this activity my child cause harm to another person or another person’s property I accept sole responsibility for my actions.

**Dietary Restrictions**

Please list any specific dietary restrictions your children might have: (i.e. Diabetic, Gluten-free, Kosher, Halal, Vegan etc.) Write NONE if there are no restrictions.

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**Food or Skin Allergies**

The curriculum of ETL summer camp involves coming in contact with nuts, soil, and various natural substances. Please list any allergies that your children might have that you want us to know about. Otherwise, write NONE.

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**My children and I understand and accept the risks; My children and I understand and agree to abide by the code of conduct; and I and my children accept responsibility for injury to themselves ; their own property; and harm to others that they have caused.**

\_\_\_\_\_  
Parent/Custodian name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature/custodian signature

\_\_\_\_\_  
Date