APPENDIX B

SIUC PARTICIPANT AGREEMENT

NOTE: The Assumption of Risk Form must be signed by the participant's legal guardian if the participant is not of legal age.

Trip Description: _____

Dates: _____ to _____

Activity/Risk Description:

PARTICIPANT INFORMATION

Participant's Name: _____ Student ID #: | | | | | | | | | |

Permanent Address: _____ Date of Birth: _____ Sex: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First: _____ Backup Contact (Relative or Friend):

Name: _____ Name: _____

Relation to Participant: _____ Relation to Participant: _____

Daytime Phone: _____ Daytime Phone: _____

Evening Phone: _____ Daytime Phone: _____

Are you allergic to any medications? _____ If yes, list the medications to which your are allergic.

List current prescriptions/medications:

INSURANCE POLICY INFORMATION

☐ Yes ☐ No The above-named participant is covered by health insurance.

If yes, provide the following information which is required by Southern Illinois University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name: _____ P.H.'s Date of Birth: _____

Address: _____ Relation to Participant: _____

City: _____ State: ____ Zip: _____ Occupation: _____

P.H.'s Employer's Name: _____

Employer Address: _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy #: _____ Plan #: _____

ASSUMPTION OF RISK FORM (Attached)

☐ **Yes - I have completed and signed the attached Assumption of Risk Form. I understand this form must be signed prior to participation.**
must be signed prior to participation.