Assumption of Risk

LIABILITY RELEASE, WAIVER DISCHARGE AND COVENANT NOT TO SUE

Release executed by	(full legal name of Participant),
whose address is	
to the Board of Trustees of Southern Illinois University	ity, a body politic and corporate of the State of
Illinois, on behalf of Southern Illinois University at C	Carbondale.
1.0 I desire to participate in the following activity	v/trip
("Activity"), to be held on	, and I fully understand and appreciate the
dangers, hazards, and risks inherent in the Activity, in	n the transportation to and from the Activity, which
dangers include but are not limited to	
[if necessary, desc	ribed in more detail in the attached], and which also
could include serious or even mortal injuries and proj	perty damage.
2.0 Knowing the dangers, hazards, and risks of su	ich activities, and in consideration of being
permitted to participate in the Activity, on behalf of r	nyself, my family, heirs, and personal
representative(s), I, the undersigned, agree to assume	all the risks and responsibilities surrounding my
participation in the Activity, the transportation, and in	n any independent research or activities undertaken
as an adjunct thereto, and in advance release, waive,	forever discharge, and covenant not to sue the
Institution, its governing board, officers, agents, emp	loyees, and any students acting as employees
(hereafter called the "Releasees"), from and against a	ny and all liability for any harm, injury, damage,

3.0 I understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

- 4.0 I understand that any personally owned automobiles used in conjunction with this activity are not covered by the University for personal property damage or liability. I understand that if I utilize a personally owned automobile I am required to carry auto liability insurance as required by the State of Illinois and any state in which this activity involves. Further, if I agree to be a passenger in a vehicle that is not owned and/or operated by a University faculty member or representative, I hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from any and all loss, damage, injury or liability that may arise from such act.
- 5.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge, and

Covenant" not to sue the above-rand defend Releasees from any cl		•	,
		(name o	f the Activity).
6.0 In signing this Release, I a content of the foregoing waiver of and I understand that I sign this destatements, or inducements, apart	f liability and locument as my	own free act and deed; no	reading it before I sign it, oral representations,
7.0 I am voluntarily participat this Release.	ing in this acti	vity, despite the possible da	ngers and risks and despite
agreement; and that I execute this to be bound by the same. I further preclude or restrict my participation to provide for and pay any medical	release for full state that there on in this actival costs that madelease shall be of this Release	e are no health-related reasonity, and that I have adequate ay be attendant as a result of construed in accordance with shall be held illegal, unenfo	onsideration fully intending ons or problems which he health insurance necessary injury to me. The laws of the State of reeable, or in conflict with
IN WITNESS WHEREOR	F, I have execu	ited this release thisday	of
THIS IS A RELEASE OF LEGA BEFORE SIGNING.	L RIGHTS. R	EAD AND BE CERTAIN Y	OU UNDERSTAND IT
STUDENT/PARTICIPANT:		WITNESS:	
(Signature)	(Date)	(Signature)	(Date)
(Printed Name)		(Printed Name)	