CONSENT TO PARTICIPATION AND ASSUMPTION OF RISK AND RELEASE  
(the “Release”)  

I, ______________________________, acknowledge that my child,  
(sometimes also referred to herein as “she/he” or “her/his” or “her/him” or “herself/himself”), has been offered the opportunity to participate in the NxtGen Tech Program at Illinois Institute of Technology (“IIT”) (hereinafter the “Activity”). I acknowledge that her/his participation will provide her/him with direct and substantial educational benefits. The Activity will take place from June 3, 2019 to August 7, 2019, with each individual class consisting of one (1) week within that date range. Each day of class is from 9:00 am - 4:00 pm. The Activity will generally occur at the following locations: courses will be offered at the Daniel F and Ada L Rice Campus, 201 East Loop Dr., Wheaton, IL 60189 and at IIT’s Mies Campus, IIT Tower, 10 W 35th St. or Tech South, 3424 S. State St., Chicago, IL 60616. The Activity will generally consist of the following: one or more individual Information Technology courses as a part of the NxtGen Tech Program.  

I understand that the decision regarding which and how many of the Activity’s classes for which I register my child and allow him/her to participate in is solely my decision, and I further understand that regardless of the number of such classes that I so elect this Release is intended to, and shall be deemed to apply to, each and every such Activity class.  

I recognize that direct and inherent risks and hazards are involved in my child’s participation in this Activity, including, but not limited to, those related to using and/or being in laboratories and facilities containing a multitude of chemicals and biological specimens as well as scientific equipment and such other items, activities and individuals that are customarily present on the campus of a research university, which makes my participation in the Activity potentially dangerous, including the potential for causing injury or loss of life. With full knowledge of the facts and circumstances surrounding this Activity and after having had an opportunity to inquire about and investigate these risks and hazards, I knowingly and voluntarily have elected and agreed to allow my child, and she/he knowingly and voluntarily has elected and agreed, to participate in this Activity, and I am, and she/he is, freely agreeing to assume all responsibility and risk that may arise from or relate to her/his 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 my child has adequate health insurance or other means to provide for and pay any medical costs that may directly or indirectly result from her/his 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 child’s participation in this Activity. As stated in the accompanying Emergency Contact and Medical Information Form below, which, by this reference is made a part of this Consent to Participation and Assumption of Risk and Release, I authorize IIT and any of its officers, agents or employees to secure any emergency medical treatment for my child deemed appropriate in the event that she/he suffers injury or illness while participating in the Activity.  

I understand that in conjunction with this Activity IIT is NOT providing transportation for my child to and from the Activity, and that IIT has no responsibility of any kind for my child outside of scheduled Activity hours.  

I also understand that IIT is providing lunch service in connection with the Activity but should my child opt not to participate in the provided lunch for any reason (e.g. allergies, sensitivities, or personal preference), it is my sole responsibility to make other arrangements (e.g. either sending my child to the
Activity with a provided lunch and/or allowing my child to leave the designated location of the Activity to obtain an appropriate lunch meal) that I deem appropriate so that my child may have the opportunity to eat during scheduled lunch breaks; provided that, in either case, I understand and agree that she/he understands and agrees, that IIT assumes no responsibility, and expressly disclaims all responsibility, for any food that a participant brings with her/him to the Activity or the participant’s well-being or any monitoring of my child while she/he is off campus securing food.

I also represent that I have discussed with my child her/his participation in this Activity and that she/he agrees to adhere to and follow the directions and rules related to Activity. She/he understands that if she/he does not conduct herself/himself in a responsible manner and follow such directions and rules, that IIT may revoke or restrict her/his invitation to participate in the Activity and take other reasonable action in response thereto. Further, I understand that IIT may consider my child’s conduct during the Activity in evaluating her/his ability to participate in future events at IIT.

I state, and my child states, that we understand that we are freely agreeing to assume and take on all risks and responsibilities in any way associated with my child’s participation in this Activity. In consideration of and return for IIT providing my child the opportunity to participate in this Activity, which we acknowledge will be beneficial to her/him, I, on behalf of myself and my child and as and to the full extent allowed by law, hereby release IIT and its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to my child, from her/his death or from damage to her/his property in connection with this Activity. We 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, but excludes willful and wanton conduct.

We recognize that this Release means that we, as and to the full extent allowed by law, are giving up, among other things, rights to sue IIT, its governing boards, employees and agents for injuries, damages or losses that my child may incur. We also understand that this Release binds, as and to the full extent allowed by law, our heirs, executors, administrators and assigns. We acknowledge that we have had the chance to seek any third-party advice that we wish, including consulting legal counsel, prior to executing this Release. We acknowledge that we have read this Release in its entirety, we fully understand this Release, and we agree to be legally bound by its terms.

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

__________________________________________
(Participant’s Signature)  Date: __________________

__________________________________________
(Parent’s/Guardian’s Signature)  Date: _________________
EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

As stated in the Consent to Participation and Assumption of Risk and Release above, I have authorized IIT and any officer, employee or agent of IIT to secure any emergency medical treatment deemed appropriate for my child in the event that she/he suffers 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 medical assistance for my child:

EMERGENCY CONTACT INFORMATION:

My Child’s 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 My Child Is Taking:_______________________________________

________________________________________________________________________

________________________________________________________________________

Medical Conditions My Child Has Which Emergency Assistance Providers Should Be Aware:_____

________________________________________________________________________

________________________________________________________________________

Allergies:________________________________________________________________

________________________________________________________________________

I, as the parent or legal guardian of the child named above, freely and knowingly authorize IIT to use and disclose any of the information provided herein, including, but not limited to medical information, in whatever manner IIT deems appropriate to render assistance to my child in the event of a medical emergency. We have read this statement; we fully understand it; and we agree to be legally bound by it.

Signature:____________________________________________Date:___________________