

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 TechCamp 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 16, 2014 – July 24, 2014, with each individual class consisting of 1-2 days 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 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 TechCamp Program.**

I understand that the decision as to which and how many of the Activity's classes that I register my child for 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 being in a building with laboratories and facilities containing a multitude of chemicals and biological specimens as well as scientific equipment, including electronics, such as computers, tablets, printers and the like, which makes her/his participation in the Activity potentially dangerous, including 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 to participate in this Activity, and I am freely agreeing to assume all responsibility and risk from my child's 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 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 Contract and Medical Information Form* below, 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 NOT providing any lunch service in connection with the Activity and that it is my sole responsibility to make such arrangements (e.g., either sending my child to the Activity with a packed lunch and/or allowing my child to leave the designated location of the Activity to get lunch) that I deem appropriate so that my child may have the opportunity to eat during scheduled lunch breaks; provided that, in either case, IIT assumes no responsibility, and expressly disclaims all responsibility, for any food that a participant brings with him or her to the Activity or the participant's well-being or any monitoring of the participant while he or she is off campus securing any 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 her/his conduct during the Activity in evaluating her/his ability to participate in future events at IIT.

I state that I, for myself and my child, am freely agreeing to assume and take on all of the 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 I acknowledge will be beneficial to her/him, I, for myself and my child, 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 her/him, from her/his death or from damage to his property in connection with this Activity. I 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.

I recognize that this Release means that I, for myself and my child, am 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. I also understand that this Release binds my and my child's heirs, executors, administrators and assigns. I acknowledge that I have had the chance to seek any third-party advice that I wish, including consulting legal counsel, prior to executing this Release. I acknowledge that, I have read this Release in its entirety, I fully understand this Release, and I agree to be legally bound by its terms.

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

(Parent's/Guardian's Signature)

Date: _____

(Participant'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 me medical assistance:

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 knowing 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 medical emergency. I have read this statement; I fully understand it and I agree to be legally bound by it.

Signature: _____ Date: _____