

# Illinois MakerLab

515 East Gregory Drive, BIF Room 3030 | Champaign, IL 61820  
Email: uimakerlab@illinois.edu | Web: makerlab.illinois.edu

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## EMERGENCY CONTACT AND MEDICAL INFORMATION

Only one form needs to be submitted per camper if registering for multiple camps. Please complete and return this form by one of the following methods:

**Email:**

uimakerlab@illinois.edu

**Mail:**

Illinois MakerLab  
515 East Gregory Drive, BIF  
Room 3030  
Champaign, IL 61820

**In Person:**

Bring it with you the  
first day of camp

## CAMPER INFORMATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Number / Street

City

State

Zip Code

**AGE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PARENT / GUARDIAN / OTHER

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Number / Street

City

State

Zip Code

**EMAIL:** \_\_\_\_\_

## EMERGENCY CONTACT

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Number / Street

City

State

Zip Code

**EMAIL:** \_\_\_\_\_

## HEALTH INFORMATION STATEMENT

Check below and provide any information you feel the staff may need to maximize the safety and the well-being of the attendee. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

Nervous or Mental (epilepsy, emotional stress, convulsion)

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Lung Disease (asthma, persistent cough, tuberculosis)

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Hay Fever or Allergies \_\_\_\_\_

Allergy to Medicines (including penicillin, tetanus) \_\_\_\_\_

Impaired Sight or Hearing, Chronic Ear Infections \_\_\_\_\_

Recent Surgical Operations, Accidents or Injuries \_\_\_\_\_

Diabetes, Heart Disease, or Blood Disorder \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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Signature of Parent/Guardian of Minor (under 18)

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Date

# **Illinois MakerLab**

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Name of Participant: \_\_\_\_\_

## **WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

### **WAIVER**

In consideration of being permitted to participate in any way in Illinois MakerLab Programs taking place at the Illinois MakerLab at the University of Illinois campus, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Illinois MakerLab Programs.

### **ASSUMPTION OF RISKS**

The Illinois MakerLab has several safety guidelines for using equipment in the lab, which if followed, result in safe enjoyment of the facilities. However, participation in fabrication and making workshops carries with it certain inherent risks that cannot be completely eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as small cuts, scratches, or burns, to 2) major injuries such as eye injury or loss of sight, cuts, and burns. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in use of the Illinois MakerLab. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

### **INDEMNIFICATION AND HOLD HARMLESS**

I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Illinois MakerLab Programs and to reimburse it for any such expenses incurred.

### **ACKNOWLEDGEMENT OF UNDERSTANDING**

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully and understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Signature of Parent/Guardian of Minor (under 18)

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Date

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## VIDEO / PHOTOGRAPH RELEASE — MINORS

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, hereby give consent for my child's

- photograph (please check each box for which you give consent)
- video

to be recorded in the course of participating in \_\_\_\_\_ at the Illinois MakerLab, under the general supervision and direction of Dr. Vishal Sachdev. I understand that these photographs or video footage may be used for illustrative or informational purposes on the organization's website (makerlab.illinois.edu), Instagram (instagram.com/uimakerlab/), Facebook (facebook.com/uimakerlab/), or in publications. I understand that my child will not be identified by name. I understand that I can contact the MakerLab at any time at the address and/or email given below if I have any questions.

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Signature of Parent/Guardian

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Date

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Signature of Child Participant

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Date

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Signature of Illinois MakerLab Representative

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Date

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**Dr. Vishal Sachdev**

Director, Illinois MakerLab  
Gies College of Business  
University of Illinois at Urbana-Champaign  
Email: uimakerlab@illinois.edu

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### VIDEO / PHOTOGRAPH RELEASE — ADULTS

I, \_\_\_\_\_, hereby give consent for my

- photograph (please check each box for which you give consent)
- video

to be recorded in the course of participating in \_\_\_\_\_ at the Illinois MakerLab, under the general supervision and direction of Dr. Vishal Sachdev. I understand that these photographs or video footage may be used for illustrative or informational purposes on the organization's website (makerlab.illinois.edu), Instagram (instagram.com/uimakerlab/), Facebook (facebook.com/uimakerlab/), or in publications. I understand that I can contact the MakerLab at any time at the address and/or email given below if I have any questions.

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Signature of Participant

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Date

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Signature of Illinois MakerLab Representative

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Date

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**Dr. Vishal Sachdev**

Director, Illinois MakerLab  
Gies College of Business  
University of Illinois at Urbana-Champaign  
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