

Waiver and Release for Participation In Off-Campus Co-Curricular Activities

I, _____, (print name), hereby indicate my desire to participate in the _____ ("Co-curricular Activity") sponsored by _____ during the period of _____, 20____ to _____, 20_____. I understand that my participation in the Co-curricular Activity is not a requirement for any degree offered by the School of the Art Institute of Chicago ("The School"). I confirm that my participation in the Co-curricular Activity is wholly voluntary. In consideration for being permitted to participate in the Co-curricular Activity, I agree as follows:

1. **Risks of Off-Campus Travel.** I understand that participation in the Co-curricular Activity involves risks, hazards, and dangers inherent in off-campus travel, including, but not limited to, risks of travel by ground transportation and all other types of transportation, domestic political, legal, social, and economic conditions, such as war, terrorism, crime, civil unrest, kidnapping, illness, public health risks, accidents, and/or violence. I understand and acknowledge that these risks, hazards and dangers could impact my own health and personal safety, including loss of property, personal injury or death and that The School cannot and does not assume responsibility for any such personal injuries or property damages. I have made my own investigation and I am willing to accept these risks, hazards, and dangers.
2. **Health and Safety.** I acknowledge and recognize that The School is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care during my participation in the Co-curricular Activity, The School is not responsible for the cost or quality of such treatment or care. The School may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety, and I hereby authorize them to do so, including, but not limited to, authorizing medical treatment on my behalf and at my expense, providing personal information to any health care provider. I agree to pay all expenses related thereto and hereby release The School from any liability for any such actions. I agree to report to The School any physical or mental condition I have which may require special medical attention or accommodation during the Co-curricular Activity prior to departure.
3. **Assumption of Risk and Release of Claims.** Knowing the risks, dangers, and hazards of such activities, and in consideration of being permitted to participate in the Co-curricular Activity, I agree, individually, and on behalf of my family, heirs, successors, assigns and personal representatives, to assume all the risks, dangers, hazards, and responsibilities surrounding my participation in the Co-curricular Activity. To the maximum extent permitted by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge and covenant not to sue The Art Institute of Chicago, The School of the Art Institute of Chicago, and their respective Boards of Trustees, officers, employees, members, agents, successors, and each of them (hereinafter collectively referred to as "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have or which 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, that arise out of, occur during, or are in any way connected with my participation in the Co-curricular Activity.
4. **Indemnification and Hold Harmless.** I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the "Releasees," (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that may result from my negligent or intentional act or omission, which arise out of, occur during, or are in any way connected with my participation in the Co-curricular Activity, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by The School.

Signature Required on Back Page



I agree that this Waiver, Release and Indemnification is to be construed and governed under the laws of the State of Illinois, U.S.A. without reference to its choice of law rules; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND THAT I AGREE TO EVERYTHING STATED IN IT. FURTHER, NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. MY SIGNATURE ALSO INDICATES THAT I AM AWARE OF ANY SPECIAL RISKS, DANGERS, AND HAZARDS INVOLVED IN THE CO-CURRICULAR ACTIVITY AND THAT I AM AWARE I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS I MIGHT OTHERWISE HAVE, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.

Participant's Name (signature) _____ Date _____

If Participant is under 18 years of age: I am the parent or legal guardian of the above Participant, I have read and understand the foregoing Waiver, Release and Indemnification Form (including such parts as may subject me to personal financial responsibility), I am and will be legally responsible for the obligations and acts of the Participant as described in this Waiver, Release and Indemnification Form, and I agree, for myself and for the Participant, to be bound by its terms.

Parent or Legal Guardian's Name _____ Date _____

Parent or Legal Guardian's Signature _____