

# Acknowledgement of Risks and Release of Responsibility

## University of Illinois

### Department of Civil and Environmental Engineering

The CEE Department at the University of Illinois is offering you an opportunity to participate in a field trip to Chicago, Illinois, for a Graduate Student Professional Weekend (the "Program"). The date(s) of the program are September 22-23, 2017. The mode of transportation will be charter bus. The Campus Contact for this activity will be Antonio Zaldivar and the contact's phone number is (217) 419-7655.

Please read and sign below:

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I acknowledge that there are certain risks, hazards and dangers, including risks of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards or death. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of equipment, materials, or facilities recommended by the University, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate emergency medical care.

I understand that the University of Illinois does not guarantee my personal health or safety at any point during this Program, nor does it protect me against risk of loss of my personal property. I understand that it is the policy of the University that registered students be covered by accident and health insurance under either the University's or a private policy of my choice and it is my responsibility to make sure I am covered for the duration of this activity/program. I will turn to my accident and health insurance carrier for any medical bills associated with an injury or illness related to the activity/program.

If I have a physical, mental or other condition that may in any way impact my ability to participate in the Program, I will disclose that to the faculty or staff member in charge of the Program. Even if I disclose these conditions, however, the University is not responsible for things that may happen to me because of my condition. I understand the University of Illinois does not assume responsibility for the actions of persons not employed by the University, for events that are not part of the Program, or that are beyond the control of the University or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I will follow the activity/program guidelines strictly and be present promptly at the Department indicated. I will comply with all instructions I am given. I shall exercise common sense and avoid actions which may put people, property, or me at any risk. Further, I agree to avoid horseplay and not jeopardize the safety of others at any time during the activity/program.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the Program. In consideration of being allowed to participate in the Program, I hereby release the University of Illinois, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with the Program and my participation in the Program, including but not limited to the risks as outlined above.

I acknowledge that, despite knowing the potential for serious harm, I am still a willing participant in the activity/program.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it and intend it to be binding on me and my heirs, successors, assigns and personal representatives.

**I further acknowledge that if I am providing my own transportation in order to participate in the Program, the University shall not be held responsible for any damages incurred.**

#### **PARTICIPANT:**

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**(Date)**

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