

Southern Illinois University
OVERNIGHT PROGRAM
ASSUMPTION OF RISK, RELEASE OF LIABILITY
AND CONSENT TO MEDICAL ATTENTION

Participation in the overnight program (referred to as Program) enables you, as a prospective student, to be paired with a current Southern Illinois University student who will serve as a host during your visit to Southern Illinois University. Participation in the program may be limited to an overnight stay with an approved student host. You will be staying in a residence hall room on campus and no special supervision provisions will be provided by the host.

Examples of the potential dangers and risks associated with the overnight program include, but are not limited to, the following:

- exposure to risks normally found in public places
- the potential for injury as a result of criminal, negligent, or injurious acts of others
- injury resulting in serious, permanent physical injury, or even death, resulting from accident, natural disasters or acts of God; from strikes, protest, riot, etc., or from medical care or treatment received incident to such injury.

These examples are not intended to be all inclusive but merely to exhibit awareness of the risks inherent in participation in and/or transportation associated with the Program.

I agree to assume any and all risks related to my participation in the overnight program at Southern Illinois University.

- I hereby release Southern Illinois University, its trustees, officers, agents, employees, and students from any and all liabilities, claims, or demands for damages for personal injury, disability, property damage or other loss of any kind that I may sustain as a result of or incidental to participating in the Program.
- I further agree to indemnify and hold harmless Southern Illinois University, its' trustees, officers, agents, employees, and students, from any and all liability, damages or costs that it or they may incur as a result of my participation in the Program or arising from any of my acts or omissions.
- I understand that Southern Illinois University, its' trustees, officers, agents, employees, and students are authorized (but are not obligated) to take any actions they consider to be warranted under the circumstances regarding my health and safety while participating in the Program.
- I agree to pay all expenses related thereto and hereby release Southern Illinois University, its' trustees, officers agents, employees, and students from any liability for any such actions or for payment for such treatment.

**ASSUMPTION OF RISK, RELEASE OF LIABILITY
AND CONSENT TO MEDICAL ATTENTION**

Prospective Student's Name: _____

Date of Birth: _____

I have read this waiver, release of liability and consent, and by typing my initials below I am signing it voluntarily.

_____ (Initials) Date: _____

If Prospective Student is under 18, a Parent/Guardian Signature is required.

Parent/Guardian Name: _____ Relationship: _____

I have read this waiver, release of liability and consent, and by typing my initials below I am signing it voluntarily.

_____ (Initials) Date: _____

Emergency Contact Information

_____ (Initials) I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at the overnight program.

A contact phone number where individual(s) can be reached regardless of the time of day must be provided in case of emergency

Name: _____

I can be reached at: () _____

Address: _____

City, State, Zip: _____

Email address: _____

Please indicate any special medical problems (medicine, injury, allergies) of which we should be aware:

**THIS FORM MUST BE RETURNED TO THE ACADEMIC SCHOLARSHIP OFFICE BY JANUARY 15, 2018
IN ORDER TO PARTICIPATE IN THE OVERNIGHT PROGRAM.**

No documents will be accepted on the day of the program.

Please fax/scan or email this form to:

Academic Scholarship Office
Mail Code 4702
Southern Illinois University Carbondale
Carbondale, IL 62901
FAX: (618) 453-3369 (24 hours)
PHONE: (618) 453-4628
EMAIL scholarshipweekend@siu.edu

