PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY

I, (parent/guardian’s name)__________________________________________, am the Parent or Legal Guardian of (child’s name)_________________________________________ (the Child) and I ask that the Child be permitted to participate in Siblings Weekend (the Program) for the current program dates: February 4-5, 2017. In exchange for his/her participation in the Program, I agree to the following on behalf of my Child as his/her Parent or Legal Guardian, and on behalf of myself. My Child voluntarily wishes to participate in the Program. I understand that scheduled activities of the program may include time spent on Loyola’s campus at 1032 W. Sheridan Road, Chicago IL in academic buildings, at a Loyola recreation center, and in other student complexes including dining facilities in a residence hall. I also understand that activities of the Program include interactions with adult staff from Loyola University Chicago, college students, and other youths from the community. I also understand that my Child must adhere to all rules and regulations of Loyola and its facilities during his/her participation in the program. I hereby warrant and represent that my Child is physically fit and does not have any medical condition or physical limitation that would put him/her at risk for injury as a result of his/her participation in the program. I further give my consent for my Child to arrive to and leave from the premises without parental or other accompaniment.

In consideration of my Child’s participation in the program, I understand and acknowledge that I and my Child are assuming all risks of injury or damage to property which may result from participation in the program and use of Loyola facilities and I hereby waive, release, and agree to indemnify and hold harmless Loyola and its affiliates and subsidiaries, as well as its trustees, officers, directors, representatives, employees and agents, successors and assigns of and from any and all actions, causes of action, suits, claims, damages, and expenses whatsoever for any injury, loss, damage, accident, inconvenience, or expense, relating to or arising from my Child’s voluntary participation in the program.

I expressly acknowledge and waive any protections afforded under the law that otherwise may exclude unknown claims from this release of liability. I have read and understand the foregoing and affirm that my Child is participating in the Program of his/her own free will.

CONSENT FOR PHOTO/PROMOTIONAL RELEASE

I hereby authorize Loyola University Chicago and its affiliates and subsidiaries, as well as their trustees, directors, officers, agents, and employees, and/or authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media:

1. To record the participation and/or appearance on video tape, audio tape, film, photograph or any other medium; and/or

2. To use the name, likeness, and/or voice in connection with the information and recordings identified in paragraphs 1 above. I also authorize Loyola, and/or authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media to duplicate, distribute, use and/or publish, in whole or in part, without restrictions or limitations, and in all mediums, including, but not limited to, magazines, newspapers, periodicals, radio, television, the World Wide Web, and other news and educational media, the information and recordings identified in paragraphs 1 and 2 above.

I further expressly release Loyola and the authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media from any and all claims, demands, liabilities, actions, causes of action, suits, and costs whatsoever that I/we may have against any of them in connection with the recording, duplication, distribution, use, and/or publication of the information and/or recordings identified in Paragraphs 1 and 2 above.

_________________________ ________________________________
PARENT/GUARDIAN SIGNATURES DATE

*By signing this, you authorize Loyola University Chicago to contact the person(s) listed on this form in the event that an emergency, serious behavioral matter, or crisis arises. Your signature also authorizes emergency and medical personnel to provide Loyola University Chicago with general information about the Child’s health status. This information may be shared with the emergency contact.*