

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Please Circle: Male or Female

Home Phone No: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please complete the following information:**

Primary Emergency Contact Name: \_\_\_\_\_

Primary Emergency Contact Phone #: \_\_\_\_\_

Secondary Emergency Contact Name & Phone # \_\_\_\_\_

Primary Physician Name & Phone # \_\_\_\_\_

**Does your student have any allergies that emergency personnel should be aware of when treating your student?**

Yes No

Please list \_\_\_\_\_

**Does your student have any medical conditions that emergency personnel should be aware of when treating your student?**

Yes No

Please list \_\_\_\_\_

Please list any medication(s) your child is currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I release the above information to Upward Bound only to be used in case of an emergency.*

*I understand all above information will remain confidential.*

Signature of Parent/Guardian: \_\_\_\_\_

(Or Student, if over age 18)

**\*PLEASE COMPLETE BOTH SIDES OF FORM\***



## **UPWARD BOUND ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

*Caution: This is a release of legal rights. Read and understand it before signing.*

John Wood Community College is a public education institution. References to "College" includes the entire John Wood Community College district, its officers, officials, employees, volunteers, students, agents, and assigns.

I am requesting that my minor child, \_\_\_\_\_, enroll and participate in all Upward Bound Program (herein referred to as "Program") events for the academic year and summer program from September 1, 2016 through August 31, 2017. These Program events may include, but are not limited to, Saturday seminars, field trips, college visits, other program related travel, a residential component requiring stay in dorms, hotels, etc., and use of the Fitness Center.

**RISKS INVOLVED IN PROGRAM:** I acknowledge that my minor child's enrollment and participation in this Program may subject my minor child to numerous dangers or risks of accidents, personal injury, and even death. I have explained these inherent dangers and risks to my minor child.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my minor child's personal medical needs. I state that there are no health related reasons or problems that preclude or restrict my minor child's participation in this Program. I have obtained for my minor child, the required immunizations, if any. I recognize that the College is not obligated to attend to any of my minor child's medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my minor child's participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of any anesthetic and surgery. The College may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my minor child's health and safety. Such actions do not create a special relationship between the College and me or my minor child. I release the College from all liability for any bodily injury or damage my minor child sustains as a result of any medical care that my minor child receives resulting from my minor child's participation in this Program, as well as any medical treatment decision or recommendation made by an employee or agent of the College. I agree to pay all expenses relating thereto and release the College from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of my minor child being permitted to participate in the Program, I agree to release, indemnify, hold harmless, and reimburse each and all of those released, from and against any claim which I, any other parent, relative, or next of kin of such minor child, or any other person, firm or corporation may now or hereafter have or claim to have (known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those released), for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my minor child's enrollment or participation in such activity, or the ownership, operation, use, maintenance or control of any vehicle, equipment or goods provided or used in connection with such activity, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity.

**SIGNATURE:** I indicate by my signature below that I have read the terms and conditions of my minor child's enrollment and participation and agree to abide by them. I have carefully read this *Upward Bound Assumption of Risk and Release of Liability* form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This *Upward Bound Assumption of Risk and Release of Liability* form shall be governed by the laws of the State of Illinois which shall be the forum for any lawsuits filed under or incident to this *Upward Bound Assumption of Risk and Release of Liability* form or to the Program. If any portion of this *Upward Bound Assumption of Risk and Release of Liability* form is held invalid, the rest of the document shall continue in full force and effect.

Parent of Guardian Signature

Date

Rev 8/2013