



Parent/Guardian Name:

Child Name:

Grade:

Child Name:

Grade:

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**Waiver:** In consideration of my minor child/guard being permitted to participate in any way in Saturday Creative! at Illinois State University, I, for myself, my minor child/guard, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my minor child/guard's participation in Saturday Creative!.

**Assumption of Risks:** Participation in Saturday Creative! carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, sprains, cuts/gashes, floor burns, and soreness to 2) major injuries such as pulled muscles, broken bones, dislocated joints, and fractures.

**Modality:** Saturday Creative! reserves the right to cancel or modify scheduled in-person Saturday Creative! sessions for any reason, including but not limited changing instructional modality to an online format or availability of staff or resources.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Saturday Creative!. I hereby assert that my child/guard's participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my minor child's involvement in Saturday Creative!.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
**Signature of Parent/Guardian of Minor**

\_\_\_\_\_  
**Date**

(Signature and date are required for participation)

## VIDEO AND PHOTOGRAPHY RELEASE

As parent/guardian of the minor(s) participating in Saturday Creative Drama and Illinois State University named on the registration form, do hereby give permission to The Board of Trustees of Illinois State University, to photograph and/or video my minor child and use such photograph or photographic or video image(s) in any manner for official University business, including: University Web sites, University newsletters and newspapers, etc. I understand that the use of my images shall in no way be used by the Board of Trustees of Illinois State University in any other forum other than for official University business, including educational and archival purposes. Photographs and/or video may be used for marketing, advertising, and social media.

I hereby grant to The Board of Trustees of Illinois State University, its officers, employees, and agents and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and use, re-use, publish, and re-publish photographic or video images of my minor child, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge, and agree to save harmless The Board of Trustees of Illinois State University, its officers, employees, and agents, and all persons acting under its permission or authority or those for whom acting from any and all liability including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture(s), image(s) or video or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I do hereby release, acquit and forever discharge the Board of Trustees of Illinois State University, its officers, employees, attorneys, representatives, insurers, agents and assigns from any and all demands, causes of action and/or judgments of whatsoever nature of character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries, property damage, payments, fees, expenses, accounts receivable, credit, refunds, or any other monies due or to become due, or damages of any kind or nature, and whether arising from common law or statute, arising out of, in any way, the use of my minor child's image or video image(s) as outlined above.

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**



Parent/Guardian Name:

Child Name:

Grade:

Child Name:

Grade:

**VOLUNTARY HEALTH/MEDICAL INFORMATION**

Please list any information relevant to your health, which you would like to share with us for emergency purposes only (may include information related to allergies, prescription medications, etc).

I agree that the above listed information may be necessary to be shared on a need-to-know basis with designated program officials to support the child's program participation.

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**CONSENT FOR PERMISSION TO SELF-ADMINISTER MEDICATION:**

My minor child/ward has my permission to carry his/her own:

- ☐ inhaler
- ☐ epipen
- ☐ prescription medication
- ☐ non-prescription medication

*(Please place X in one or any as appropriate).*

- My child will be instructed by me not to show or share it with others and to keep the medication in a secure place during the program.
- I understand that it is my responsibility to provide my minor child with only medication in original prescription bottles or original packaging for nonprescription medications, and to ensure none of the medications are expired.
- I confirm that my minor child/ward has the knowledge and the skills to safely self-administer any prescription and/or non-prescription medications he/she will be bringing to the program.
- I hereby acknowledge that the above information and the following medication information, including dispensing information for my minor child is accurate.

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**CONSENT TO TREATMENT:**

In the event the designated emergency contact(s) are not available I, the undersigned, being the parent or legal guardian of the minor child grant program officials permission for my child to receive treatment from a physician, nurse, or other professional medical personnel that may be needed (including emergency transport of such child), in their judgment, to address the health, illness or injuries that may occur while my child participates in Saturday Creative!. **I agree that the Board of Trustees of Illinois State University shall not be financially or legally responsible for any health, emergency care and/or transportation of said child.**

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Printed Name of Parent/Guardian

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Date