
 Name of Participant

 Is the Participant a JALC Student? Yes No

 Student ID Number

 Event/Trip

 Date(s) of Event/Trip

 Emergency Contact Person

 Contact Phone Number

 Please list any allergies or medical conditions of concern for this activity: _____

Travel Accommodations:
 Participant will travel on school-provided transportation

 Other (Please specify): _____

Overnight Accommodations:
 Participant will stay overnight in school-provided lodging for the duration of the trip

 Other (Please specify): _____

I acknowledge that there are risks associated with this event/trip, and that these risks include, but are not limited to, accidents associated with travel, transportation or vehicular traffic, while a passenger in or on a vehicle or while a pedestrian; illnesses related to food, weather, sporting events, games, or other causes; and actions of other people. I hereby assume all the risks of participating in this clinic/event/trip.

I understand that John A. Logan College strongly discourages any deviation from the itinerary and accepts no responsibility. I also accept liability for any financial obligations, legal fees, damage, or injury I may incur.

I understand that medical insurance – along with any and all associated medical expenses – is my individual responsibility. It has been strongly recommended to me by John A. Logan College that I have valid health insurance enforce during travel.

I further understand the following:

- A. I am responsible for making sure that my health insurance is valid in _____ State (or country if outside the USA).
- B. This waiver will be construed under the laws of the State of Illinois.

In consideration of my application and permitting me to participate in this clinic/event/trip, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assign to:

- A. I authorize emergency medical treatment for myself and waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me from any cause whatsoever, including my participation and traveling to and from all destinations associated with this event/trip, the following entities or persons:
 - 1. The College, its elected and appointed officials, employees, students, and volunteers working on behalf of the College
- B. Indemnify and hold harmless the entities or persons mentioned in the above paragraph "A" from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this event/trip.

I hereby certify that I have read this document and understand and agree to its terms and content.

Printed Name and Signature

Date

Printed Name and Signature of parent or guardian (if student is under 18 years of age)

Date