

\_\_\_\_\_  
Name of Participant

Is the Participant a JALC Student?    ☐ Yes   ☐ No

Is the Participant a JALC Volunteer?   ☐ Yes   ☐ No

Is the Participant a JALC Employee?   ☐ Yes   ☐ No

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Employee 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: \_\_\_\_\_

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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 participant is under 18 years of age)

\_\_\_\_\_  
Date