



LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

THIS IS A RELEASE OF LEGAL RIGHTS — READ CAREFULLY BEFORE SIGNING

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to his/her participation in the following activities at Governors State University: _____ (the “Activities”).

I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of said minor child’s participation in the Activities. I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she has the required skills, qualifications, training, and physical conditioning. I understand that Governors State University shall have no responsibility to pay for medical treatment and related costs if said minor child is injured.

I further understand and agree that Governors State University supplies the Activities “as is”, and that Governors State University disclaims all warranties, express or implied, including warranties of merchantability and fitness for a particular purpose.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child’s participation. To the fullest extent allowed by law, I hold harmless and agree to indemnify Governors State University, its officers, trustees, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child’s participation in recreational activities, resulting from any cause whatsoever, and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Illinois (excluding its conflict of laws principles).

Name: _____

Signed: _____ Date: _____