

PARTICIPANT WAIVER & RELEASE

Allerton Park and Retreat Center, a unit of the Board of Trustees of the University of Illinois, is committed to conducting its programs and activities in a safe manner and holds the safety of all participants, staff, and volunteers in the highest regard. APRC continually strives to reduce risks and insists everyone follow safety rules and regulations that are designed for the protection and safety of all. However, those participating in programs must recognize that there is are inherent risks of injury.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child or I may have as a result of participating in these programs against Allerton Park and Retreat Center or the Board of Trustees of the University of Illinois, their respective officials, employees, and volunteers. I do hereby fully release and forever discharge Allerton Park and Retreat Center and the University of Illinois from any and all claims for injuries, damages, or loss that may accrue to my minor child/ward as a result of these programs.

Participant Name

Parent/Guardian Signature

Date

PHOTO RELEASE

I hereby give the University of Illinois (Allerton Park & Retreat Center) permission to use photo images of participant for the purpose of promoting the University of Illinois' programs in publications and on the web. I agree that the images become the exclusive property of the University of Illinois and waive all rights thereto. *For privacy and protection, participant's name will not be used on the web.*

Participant Name

Parent / Guardian Signature

Date



INSTRUCTIONS FOR DISPENSING MEDICATION

If medication is needed while at camp, this form must be completed for each week of camp or when medication changes.

Name of Participant _____

Name of Camp _____ Date of Camp _____

Name of Parent / Guardian _____

Daytime phone _____ Secondary phone _____

Name of Doctor _____ Phone _____

Name of medication _____

Dispensing and Storage Instructions _____

Notes _____

Name of medication _____

Dispensing and Storage Instructions _____

Notes _____

I understand that it is my responsibility to give medication directly to Allerton Park staff with complete instructions and in the original container. Should medication or instructions change, I will complete a new *Instructions for Dispensing Medication* form and resubmit to Allerton Park staff. I acknowledge that the above information regarding type of medication and instructions for dispensing said medication is accurate. I understand that it is my responsibility to inform Allerton Park staff of any changes to medication or instructions.

Signature of Parent or Guardian

Date