

Assumption of Risk & Photo Release

LIABILITY RELEASE, WAIVER DISCHARGE AND COVENANT NOT TO SUE

Release executed by _____ (full legal name of Participant(s)),
whose address is _____,
to the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of
Southern Illinois University Carbondale.

1.0 Southern Illinois University's Touch of Nature Environmental Center is sponsoring _____
in which there may be **team building, climbing, hiking, canoeing/kayaking, swimming, and other challenge activities**
(hereinafter "Activity"). I desire to participate in Activity, to be held at Touch of Nature which is property owned
and/or controlled by SIU, and I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in
the transportation to and from the Activity, which dangers include but are not limited to **weather, balance activities,**
environmental hazards, water hazards/drowning, sprains, strains, scrapes, ticks, insects, and other animal/insect
bites, and which also could include serious or even mortal injuries and property damage. I understand that the list of such
dangers is not a comprehensive list and that other risks may be associated with my participation in the Activity or
transportation to and from the Activity.

2.0 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in
the Activity, on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree to assume all the
risks and responsibilities surrounding my participation in the Activity, the transportation, and in any independent research
or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the
Board of Trustees of Southern Illinois University, and its officers, agents, employees, and any students acting as employees
(hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands,
actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of
or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or
by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in,
on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being
conducted.

3.0 I understand and agree that Releasees do not have medical personnel available at the location of the Activity or on
the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if
necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that
Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized
emergency medical treatment. Further, Releasees shall not be responsible or liable for any costs or other charges related to
such medical treatment.

4.0 I understand that any personally owned automobiles used in conjunction with this Activity are not covered by the
University personal property Damage or liability. I understand that if I utilize a personally owned automobile I am required
to carry auto liability insurance as required by the State of Illinois and any state in which this Activity involves. Further, if I
agree to be a passenger in a vehicle that is not owned and/or operated by a University faculty member or representative, I
hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from
any and all loss, damage, injury or liability that may arise from such act.

5.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and
spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and
shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Releasees. I further agree to

save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in the Activity.

6.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

7.0 I am voluntarily participating in the Activity, despite the possible dangers and risks and despite this Release.

8.0 I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this Activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

9.0 I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

10.0 I do hereby grant permission to the Board of Trustees of Southern Illinois University and its agents to make, use, copyright, and publish news stories, still photographs, and/or video or audio recordings. I grant the right and permission to use the material including reproduction in publicity releases, slide productions, web site, publications, television productions, or any other media.

Initial here if Yes _____ Initial here if No _____

IN WITNESS WHEREOF, I have executed this release this _____ day of _____, 20____.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

PARTICIPANT:

(Signature)

(Date)

(Printed Name)

WITNESS:

(Signature)

(Date)

(Printed Name)

PARENT/LEGAL GUARDIAN:

(Must be signed if the participant is under 18 years of age)

(Signature)

(Date)

(Printed Name)

WITNESS:

(Signature)

(Date)

(Printed Name)