

**Acknowledgement and Assumption of Risks, Release of Liability, and Waiver of Rights for Excluded Activities Abroad**

NAME OF PARTICIPANT:

PROGRAM NAME:

LOCATION:

ACTITIVITY DATE:

Participation in \_\_\_\_\_ (activity name), an activity excluded from coverage under the University-approved International Travel and Health Insurance (hereafter "Excluded Activity"), *entails significant risk and is wholly voluntary*. The Board of Trustees of the University of Illinois (hereafter "University"), to include the **TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, VOLUNTEERS, SPONSORS, AND ASSIGNS** (hereafter "The Releasees) are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in the Excluded Activity and all related activities.

**Acknowledgement and Assumption of Risk.** I understand that risks exist related to my participation in the Excluded Activity, some of which may expose me to **PHYSICAL INJURIES (MAJOR AND MINOR), DISABILITY, ILLNESS, OR DEATH AND LOSS OF USE OR DAMAGE TO PROPERTY**. I understand that these risks include, but are not limited to: accidents during travel to, from, and around the Excluded Activity site, as well as during the Excluded Activity in general; accidents resulting from language barriers, poorly maintained or substandard equipment, or inadequate safety procedures, processes, or protocols; sexual misconduct; weather related hazards and other natural disasters; stressors on mental health; contagious and infectious diseases; bites, scratches, or other wildlife-related injuries; criminal or terrorist activities; negligent, substandard, or inaccessible medical procedures or support; major and minor injuries during participation; negligent or willful acts of other participants or third parties; and other risks, known and unknown. I further acknowledge that the above list is not inclusive of all possible risks associated with the Excluded Activity, facilities, equipment, or staff supervision and that the above list in no way limits the extent or reach of this release. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN** and assume full responsibility for my participation in the Excluded Activity, including all associated activities and travel.

Initials \_\_\_\_\_

**I UNDERSTAND THAT THE RELEASEES AND THE UNIVERSITY-APPROVED INTERNATIONAL TRAVEL AND HEALTH INSURANCE PROVIDE NO COVERAGE FOR PHYSICAL INJURIES (MAJOR AND MINOR), DISABILITY, ILLNESS, DEATH, OR PROPERTY LOSS RELATED TO PARTICIPATION IN THE EXCLUDED ACTIVITY.** I understand that The Releasees and the University-approved insurance will not be responsible for any medical or evacuation/repatriation costs associated with an injury, disability, illness, or death that I may sustain while participating in the Excluded Activity, including all associated activities and travel.

Initials \_\_\_\_\_

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**I understand that I should, and am strongly encouraged, to obtain adequate health and evacuation/repatriation insurance to cover any personal injury, death, or property loss which may be sustained during the Excluded Activity.** I am solely responsible to select and purchase adequate insurance.

Initials \_\_\_\_\_

I agree to advise the organizers and staff of the Excluded Activity prior to the start of the activity of any existing medical conditions or injury that may impede my participation or jeopardize the health or safety of myself or others.

Initials \_\_\_\_\_

**Release and Indemnification.** Knowing and understanding all the risks above, I still choose, knowingly and voluntarily, to participate in the Excluded Activity. I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to release, waive, hold harmless, defend, covenant not to sue and indemnify the University and The Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits or judgments of any and every kind (including attorney's fees), or from any other financial obligations or liabilities, arising from any injury, property damage or death that I may suffer as a result of my participation in the Excluded Activity, or while in, on or upon the premises where the Excluded Activity is being conducted or in transportation to and from said premises.

I further agree to indemnify and hold the University and The Releasees harmless from any and all claims, actions, suits, proceedings, costs, expenses, procedures, damages and liabilities, including attorney's fees, brought against the University based on my conduct during the Excluded Activity.

**I HAVE READ THIS ACKNOWLEDGEMENT, FULLY UNDERSTAND, AND AGREE TO ABIDE BY ALL ITS TERMS. I AM AWARE THAT THIS ACKNOWLEDGEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE UNIVERSITY. I UNDERSTAND BY SIGNING THIS FORM, I AM AGREEING TO ALL THE TERMS, CONDITIONS, AND PROVISIONS FOUND WITHIN THIS ACKNOWLEDGEMENT AND THAT I AM DOING SO FREELY AND VOLUNTARILY WITHOUT ANY COMPULSION.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date