

OSF HEALTHCARE CHILDREN'S HOSPITAL OF ILLINOIS

Event Registration and Waiver

1. Participants are advised to check with their doctors before participating in a strenuous activity.
2. Participants are advised to have their own medical insurance to cover injuries or accidents.

I, *(please print name)* _____, acknowledge that participation in this activity is potentially hazardous for me and my child or children. I and my child or children will not participate unless physically able and properly trained. Further, I agree that I and my child or children will abide by any decision of the officials relative to my and my child's or children's ability to participate.

I and my child or children hereby agree to abide by the rules and regulations governing this activity and elect to participate at my and my child's or children's own risk, and in consideration for being allowed to participate, do hereby release and discharge Children's Hospital of Illinois, its assignees, officers, agents, employees, and officials and their successors from any and all liability (including death) that may be received by me and my child or children and from all claims and demands to personal property growing out of or resulting from my and my child's or children's participation in this event except where the same is caused by the willful misconduct of the foregoing. I further certify that my and my child's or children's physical condition will enable me and my child or children to participate in this event.

I grant full permission to the sponsors, organizers and affiliates to use my and my child's or children's name, photographs or any other record of participation in this event for pictures in any broadcast, telecast or any other written account of the event for publicity purposes, without compensation or remuneration.

Event: _____ **Date:** _____

1. Participant's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Participant's Signature: _____

2. Participant's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Participant's Signature: _____

3. Participant's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Participant's Signature: _____

For Minors *(participants under 18 years old)*:

I give my permission for my child or children, _____, to participate in this Children's Hospital of Illinois event.

Parent's/Legal Guardian's Name *(print)*: _____

Parent's/Legal Guardian's Signature: _____

Parent's/Legal Guardian's Phone Number: _____

