

## Assumption of Risks, Release and Waiver Classics Department

**Name of Event: Classics Summer Camps “Meet the Greeks” and “Meet the Romans”**

**Date(s): June 3-7, 10-14, 17-21**

**Year: 2024**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BE SURE YOU UNDERSTAND IT BEFORE SIGNING AND CONSULT A PERSONAL ATTORNEY IF YOU NEED HELP IN UNDERSTANDING IT.**

Participant Name(s) (child/children): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Assumption of Risks:** I wish to voluntarily participate in the Activity described above. I understand that participation carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that the University of Illinois does not guarantee my personal health and safety or protect me against the risk of loss of personal property. Some of the risks of the Activity may include but are not limited to: transportation accidents, weather hazards and natural disasters, infectious diseases, slips and falls, burns, pinches, scrapes, scratches, sprains, fractures, concussions and [Click or tap here to enter text..](#) I also understand that injury and loss to me may result from unknown or unexpected risks and may result from the use of equipment, materials, or facilities provided by the university; environmental conditions; acts or omissions of others; and unavailability of immediate or adequate medical care. It is also possible that my participation in the activity could result in injury or harm to a person other than myself, and I accept sole responsibility for my actions.

**Detailed description:** Classics Summer Camps involves learning Ancient Greek/Latin language and culture in a classroom setting, with presentations, songs, games, crafts, reading and other indoor activities. There are short walking excursions to campus locations such as the Spurlock Museum and the Main Quad. Weather permitting, some activities will take place outdoors, such as games involving physical movement, using sidewalk chalk, or crafts requiring a large amount of space.

- I verify that I have no physical disabilities, impairments, or chemical dependencies that inhibit my participation in **Classics Summer Camps**.
- I understand that the University of Illinois does not guarantee my personal health or safety at any point during this Event, nor does it protect me against risk of loss of my personal property.
- I understand the University of Illinois does not assume responsibility for the actions of persons not employed by the University, for events that are not part of the Event, or that are beyond the control

of the University or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information.

- I understand and hereby acknowledge that I assume all risks incurred by my participation in the Event. In consideration of being allowed to participate in the Event, I hereby release the Board of Trustees of the University of Illinois, its officers, agents, and employees (collectively “University of Illinois”) from all claims arising out of or in any way connected with the Event and my participation in the Event, including but not limited to the risks as outlined above.

#### **Code of Conduct:**

- At **Classics Summer Camps**, we encourage a fun learning environment for all children. However, certain rules are necessary to ensure everyone’s safety. The following behavior rules apply to all participants in our Summer Camp. Failure to follow these rules can result in dismissal from the camp.
- Our expectations are: Have fun and meet new friends! Be respectful and kind to each other. Use walking feet indoors. Use inside voices when you are inside. Use gentle hands and feet. Use kind words. Listen and respect staff by following directions and rules. Keep your space clean. Ask a leader if you need help. Do your best!
- Children shall use appropriate language, respect the physical and mental well-being of themselves, other participants, and staff, and use equipment, supplies, and facilities as they are meant. Bullying, unwelcome teasing, continual disruption, damaging property and using equipment or supplies as weapons will not be tolerated. Pushing, kicking, hitting, fighting, or threatening physical violence, are not acceptable behavior.
- Camps staff will work with campers to help them make the best behavior choices. Camps staff will give as much positive reinforcement and recognition as possible to campers who are meeting expectations. In the event of inappropriate behavior, staff will attempt to redirect the camper to more appropriate behavior. If needed, staff will give a quiet reminder, explain the behavior, and let the camper know what is expected and the consequences associated if the negative behavior continues. Staff will use, as necessary, time outs, conferences with their supervisor, and parent phone calls. In the latter case, staff will also document the situation, including what the behavior problem is, what provoked the problem, and the corrective action taken. (If a parent is called twice, the third incident in one session that results in a phone call will result in dismissal from the program.)

**Release and Waiver of Claims:** In consideration for this opportunity to participate in the Activity, I hereby release, discharge, and hold harmless the Board of Trustees of the University of Illinois and its officers, employees, agents and volunteers (collectively “University”) from all liability, and waive all claims, actions, demands, losses, damages, liabilities, and expenses (including attorney fees), for personal injury and bodily injury (including death) and for property loss and damage arising out of my participation in the Activity. If I am injured or become ill while participating in the Activity, I understand and agree that I am responsible for my own medical bills, including co-payments and deductibles, and that I will not seek reimbursement from the university.

**Acknowledgement of Understanding:** I have read and understand this Assumption of Risks, Release and Waiver agreement. I understand that by signing this agreement, I am giving up substantial rights, including my right to sue. By choosing to participate in the Activity and signing this agreement, I represent that I fully

understand and assume the associated risks on behalf of myself as participant or on behalf of the minor participant. I consent to medical treatment in the event of injury or illness during the Activity. I am signing this agreement freely and voluntarily and intend for this agreement to be a complete and unconditional release of all liability and claims as described to the greatest extent allowed by law. This agreement is binding on my heirs, personal representatives, assigns and those of the minor.

I am signing this agreement freely and voluntarily and intend for this agreement to be a complete and unconditional release of all liability and claims as described to the greatest extent allowed by law. This agreement is binding on my heirs, personal representatives, assigns and those of the minor.

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Signature of Parent of Minor Participant (under 18)

Date

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Printed name of Parent of Minor Participant

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Signature of Participant (if 18 or older)

Date

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Printed name of Participant