

BMLA Participation Wavier

I am the parent or legal guardian of the above named Student/Participant and am requesting that my child enroll or participate in all Black Male Leadership Academy activities (herein collectively referred to as "BMLA") located on the campus of Roosevelt University and pre-selected off site locations:

(Signature of Parent or Guardian)

(Date)

In consideration of permission being granted for my child to participate in the BMLA and for other valuable consideration, the receipt and sufficiency of which are acknowledged, I am entering into this Release Agreement, which extends to the following persons and entities, as well as their trustees, directors, board members, agents, employees, volunteers, contractors, representatives, successors, or assigns, individually and in any capacity or relationship with or for any other:

The St. Clair Drake Center
The Black Male Leadership Academy
Roosevelt University
Roosevelt University Board of Trustees

I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse each and all of those persons and entities referenced above, from an against any claim which I, my child or ward, any other parent, any relative or any next of kin of my child, or any other person, firm or corporation now or hereafter may have or claim to have (whether known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those persons and entities), for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contact claims resulting from, or arising out of, during, or in connection with my child's enrollment or participation in such activity, or the ownership, operations, use, maintenance, or control of any vehicle, equipment or goods provided or used in connection with such activity, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity. To the extent that any damages arising out of bodily injury to persons or damage to property are caused or result from the sole negligence of any person or entity referenced above, then, I do not agree to release, waive, indemnify, hold harmless or reimburse any such person or entity.

If any emergency medical procedures or treatment are required during any BMLA activities, I consent to the BMLA supervisor or Roosevelt University Administrator undertaking, arranging for or consenting to the procedures or treatment in his, her or their discretion and that I will be responsible for any and all expenses or fees related to my child's medical care. I acknowledge that BMLA or Roosevelt University shall not be liable for any such fees or expenses under any circumstances.

Further, I hereby certify that my child is covered by an accident and health insurance policy that will be in effect at anytime my child is participating in BMLA activities on the campus or, sponsored by, or related to the BMLA or Roosevelt University.

Initial of Parent/Guardian_____

Participant Name: _____ Date of birth: ____/____/____

(Last, First)

In regard to any photographs, video tapes, motion pictures, recordings, or any other reproduction of my image or my child's image (hereinafter collectively known as "Images") which BMLA or Roosevelt University will take of me or of my child or in which I may be included with others during the course of my participation in this program, I hereby grant to the BMLA or Roosevelt University permission to use such Images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name or my child's name in connection therewith if BMLA or Roosevelt University so chooses.

Initial of Parent/Guardian _____

This Release Agreement shall be construed to be as comprehensive as is allowed by law. Each provision herein is severable, so that should any provision or portion of such provision be held invalid, the remainder of this Release Agreement shall not affect the enforceability of any other portion. This Release Agreement shall not establish a legal or other relationship between or among those released which does not in fact exist. Nothing in this Release Agreement shall constitute a waiver of any legal defense available to any released party herein. The validity, interpretation, and effect of the Release Agreement shall be governed by the laws of the State of Illinois.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I AM SUFFERING FROM NO LEGAL DISABILITY.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Signature of Parent/Guardian _____

Typed or Printed Name _____

Address _____ City _____ State _____
Zip _____

Telephone: work _____ home _____