



Consent and Acknowledgement of Risk Form

Name/Participant: (Please Print) _____
 Event/Activities: _____
 Dates: _____
 Location: _____

In consideration of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, their parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by the Illinois Leadership Seminars (ILS).
- 2) Authorizes ILS or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment.
- 3) Grants to ILS, for any purpose connected with promoting the purposes and goals of ILS, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while they are participating in the Activities, and any biographical information submitted by the Participant to ILS, and to use, reproduce, publish, and distribute the same. Personal contact information will not be shared with third parties and will only be used internally with ILS staff and alumni.
- 4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community, including but not limited to: illness or injury from an infectious disease including COVID-19; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds ILS harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by ILS as a result of, or arising out of, the Participant's negligence or misconduct.

The Participant (and, if the participant is a minor, their parent or legal guardian) has read this Consent and Acknowledgment of Risk and understands its contents.

Signature of Participant	Name (<i>printed</i>)	Date
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Signature of Parent/Legal Guardian	Name (<i>printed</i>)	Date
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Name of Emergency Contact	Relation to Participant	Phone Number(s)
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