

CARL SANDBURG COLLEGE YOUTH PROGRAM AGREEMENT/WAIVER/EMERGENCY CONTACTS

We are making every effort to ensure that your child will have a positive experience while at Sandburg and REQUIRE parental/guardian consent regarding the following:

In consideration of permission for participation in the above referenced program being granted to me or for other valuable consideration, the receipt and sufficiency of which are acknowledged, I am entering into this release agreement, which extends to the Board of Trustees of Community College District No. 518, Counties of Hancock, Henderson, Knox and Warren Counties, and parts of Fulton, Henry, McDonough, Mercer, Schuyler, and Stark Counties, State of Illinois, commonly known as Carl Sandburg College, and the Carl Sandburg College Foundation, as well as any trustees, directors, board members, agents, employees, volunteers, representatives, successors or assigns thereof, individually and in any capacity or relationship with or for any of the aforementioned (the Released Parties) from any and all potential claims and damages as set forth hereinafter and further agree and state as follows.

My participation will or could subject my child to numerous dangers or risks of personal injury. These risk and dangers have been considered and, relying on my own judgment, I have voluntarily chosen my child's participation and assume all such dangers and risks.

I knowingly, voluntarily and for adequate consideration release and waive, and further agree to indemnify, hold harmless and reimburse each and all of those released, from and against claim which I, any relative or next of kin of mine, or any other person, firm or corporation may now or hereafter have or claim to have (known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those released), 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 participation in such activity, 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.

1. I certify that the information given on this application is true and complete.
2. I understand that Carl Sandburg College has the right to revoke this privilege or dismiss my child from the program if my conduct or my child's is:
 - a) in violation of the rules and guidelines of Carl Sandburg College.
 - b) in violation of rules and guidelines set forth by Carl Sandburg College instructors/staff.
3. I agree to follow the program check-in/check-out procedures established by the College. I agree to pick-up my child promptly at the scheduled end time.
4. I understand that my child is expected to be on time and participate in planned activities. The group will continue with their plans should my child arrive late. Failure to stay with the group may lead to dismissal from the program.
5. I understand that it is my responsibility to notify the College if my child has any impairment or condition which restricts my child's ability to participate in any way. I agree to provide an aide to assist my child if the child has a condition that requires individual assistance.
6. I agree to inform the College as early as possible of any conditions that may require special accommodation.
7. I understand that the College reserves the right to make changes to the program itinerary at any time and for any reason with or without notice, and the College shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change.
8. I agree to uphold individual and group standards appropriate to the setting of the program as described at the beginning of the camp and in other materials. I understand the College may dismiss my child from the program for any reason that is deemed harmful or disruptive to the other participants or just cause. If actions are deemed to be injurious to the program, the child, or other individuals, and/or seriously offensive; in the sole discretion of the instructor/speaker or College staff member, my child's participation will be terminated without refund of any fees.
9. I give permission to Carl Sandburg College to video or photograph my child for marketing purposes. I relinquish all photographic rights and give permission to Carl Sandburg College, Sandburg's Corporate & Leisure College, and Sandburg's Marketing and Public Relations to use my child's likeness as they deem appropriate.

10. I understand that College personnel are not permitted to hold or be responsible for administering any medication. I recognize that the College is not responsible for any of my child's medical or medication needs, and I assume all risk and responsibility therefore.
11. I understand that if my child decides to leave the program voluntarily for any reason, or involuntarily due to illness or other reason, there will be no refund of any fees.
12. I agree to not hold the College and personnel responsible for stolen, lost or damaged property.
13. I agree that the College, instructors/speakers, or the College personnel or agents will not be held responsible in the event of an accident or injury.
14. I understand that in an emergency I will be contacted as soon as possible at the phone number(s) listed below. If I am not available, I have provided an alternate contact(s) below. I agree to keep phone numbers updated and any changes will be given to the Corporate & Leisure College staff.
15. I grant Carl Sandburg College staff authority to take whatever action they deem warranted under the circumstances for my child's health safety and welfare, and the health, safety and welfare of other participants, including but not limited to arranging for my child's medical treatment and authorize the staff to consent on my behalf to the assignment of health insurance benefits to medical providers.
16. I give permission for my child to be transported by shuttle bus to and from Carl Sandburg College for the purpose of tours, if the program includes tours. Tour locations will be in Galesburg.

Student Name

I hereby attest and verify that I have read and understand this agreement and that I have full knowledge of the risks involved in this program and will abide by each of terms and conditions of this agreement.

Parent/Guardian (print)

Parent/Guardian (signature)

Date