

Release & Waiver for Programs Involving Minor Children

I, _____ (name), am the parent/legal guardian of the minor child, _____
(name) born on _____ (date of birth) (hereafter referred to as "my child").

I desire for my child to participate in the _____ **[name of program/event]** being sponsored
by DePaul University ("DePaul") on _____ **[dates]** (hereinafter the "Program"). I understand that this Release &
Waiver covers the entirety of my child's participation in the Program, including any travel to and from the Program.

I acknowledge that I am allowing my child to participate in the Program at my own free will. I acknowledge and appreciate
that certain risks are inherent in participating in the Program. These risks include, but are not limited to, the risks of personal
injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, risks of
travel, acts of terrorism, negligent acts or omissions of child, myself or others (including DePaul University and its agents and
students), or civil disturbances and disorders.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my child's participation in
the Program. Should my child become ill or injured, I give permission for DePaul University and its employees and agents to
render first aid and to seek medical treatment or rescue services on my child's behalf, as they see fit and at my cost. I am
further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant
to my child's participation in the Program will be my sole responsibility. I agree to be financially responsible for the cost of
any medical, health and personal injury costs.

In consideration of my child being allowed to participate in the Program, I personally assume on behalf of my child all of the
risks in connection with the Event, whether foreseen or unforeseen.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES,
PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, FACULTY, EMPLOYEES, STUDENTS,
AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL
CLAIMS, SUITS, LOSSES, LIABILITIES, JUDGMENTS, COSTS, FEES (INCLUDING ATTORNEYS' FEES) AND
EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH,
PROPERTY DAMAGE, LOSS AND/OR THEFT OR ANY OTHER OCCURRENCE DURING THE PROGRAM,
WHILE MY CHILD IS TRAVELING TO OR FROM THE PROGRAM, OR ARISING OUT OF MY CHILD'S
PARTICIPATION IN THE PROGRAM, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE
SERVICES SECURED ON MY CHILD'S BEHALF.

I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND
AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY CHILD OR MY OWN ACTS OR OMISSIONS
DURING THE PROGRAM, INCLUDING TRAVEL TO OR FROM THE PROGRAM.

I enter into this Release & Waiver for myself, my child, my heirs, my assigns and my legal representatives.

In signing below, I certify that I have read and fully understand the above.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Relationship to Participant

Emergency Contact Name

Phone Number