

Student Emergency Medical Information

Student's Last Name: _____ Student's First Name: _____

EMERGENCY CONTACT INFORMATION

Full Name (First & Last): _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

PHYSICIAN INFORMATION

Doctor's Name: _____ Clinic/Hospital : _____

City: _____ Phone #: _____

Health Insurance Provider: _____ Policy Number: _____

Please explain any condition that applies to the student listed above. Answer honestly and thoroughly. In case of emergency, this health form may be the only source of accurate information. The information provided is confidential.

Asthma _____

Birth defects _____

Blood disorders (Hemophilia, Sickle Cell) _____

Bone / Joint problem / Injury / Scoliosis _____

Diabetes _____

Dizziness or chest pain with exercise _____

Ear / Hearing problems _____

Eye / Vision problems (Glasses or Contacts?) _____

Head injury / Concussion / Passed Out? _____

Heart problems (High Blood Pressure, shortness of breath) _____

Hospitalization (When? What for?) _____

Mental (ADHD, Depression, Emotional Stress) _____

Seizures _____

Serious injury or illness _____

Stomach or intestinal trouble _____

Surgery (When? What for?) _____

Illinois MakerLab, College of Business Assumption of Risk, Waiver and Indemnification Agreement

I, the undersigned, am the parent or legal guardian of the following minor(s) (singularly or collectively "Minor(s)") who will be participating with me or on their own in the fabrication workshops of the University of Illinois' Illinois MakerLab ("MakerLab") (if no children are listed below, I am the participant):

Assumption of Risks: I or my Minor(s) wish to participate in the fabrication workshops ("workshops") of the MakerLab – either on the Urbana-Champaign campus ("Campus") or at an off-site location. I understand that such participation carries certain inherent risks that cannot be completely eliminated regardless of the care taken to avoid injuries. The specific risks vary from one workshop to another, but the risks range from injuries such as small cuts, scratches, to burns. **By participating in the MakerLab's fabrication workshops, I acknowledge that I have read and fully understand these possible risks and that I assume all such risks on behalf of myself and my Minor(s).**

Safety Guidelines: I have been provided with safety guidelines for using the MakerLab's equipment, which I am responsible for reading, and have read, prior to my own or my Minor(s)'s participating in any MakerLab workshops. Neither I nor my Minor(s) will participate in any MakerLab workshops if we have any medical condition that prevent us, even with accommodation, from following these safety guidelines.

Waiver: In consideration for my or my Minor(s)' participation in MakerLab activities either on Campus or at an off-site location, I hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, agents and volunteers from liability from all claims arising from my or my Minor(s)' participation in the MakerLab. This waiver covers the following, non-inclusive, list of types of claims: personal injury, accidents or illnesses (including death), and property loss. This waiver accrues to my heirs, personal representatives, assigns and those of my Minor(s).

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my participation in MakerLab workshops and I agree to reimburse the Board of Trustees of the University of Illinois for any such expenses incurred.

Acknowledgement of Understanding: I have fully read this Agreement, I understand its terms, and I understand that, by signing this Agreement, I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability as described herein to the greatest extent allowed by law.

Signature of Parent of Minor (under 18)

Date

Signature of Participant (if 18 or over)

Date

Illinois MakerLab, College of Business

Consent to Make and Use Photographic, Video and/or Audio Recordings

I, the undersigned, am the parent or legal guardian of the following minor(s) (singularly or collectively "Minor(s)") who will be partaking in activities at the University of Illinois' Illinois MakerLab ("MakerLab") :

By signing this Consent, I hereby authorize and consent to the photographic, video and/or audio recording of the above-listed Minor(s) while they are engaged in activities at the MakerLab. I further authorize and consent to the following entities' use of such photographic, video and/or audio recordings of the above-listed Minor(s) for illustrative, informational, teaching, research, public service, advertising, publicity and/or fund-raising purposes: the Board of Trustees of the University of Illinois, on behalf of its MakerLab on its Urbana-Champaign campus, the University of Illinois's current and future employees and volunteers, and the University of Illinois's current and future assigns and licensees including, but not limited to, the University of Illinois Foundation and the University of Illinois Alumni Association. The photographic, video and/or audio recording of the above-listed Minor(s) may be used in a variety of internet-based and paper-based media including, but not limited to, the MakerLab website, the MakerLab Twitter account, the MakerLab Instagram account, the MakerLab Facebook Page, and other University or community-based newspapers, publications or periodicals.

I waive all rights and claims to any compensation (including royalties) or damages based on any use of the above-listed Minor(s)'s name and photographic, video and/or audio recordings by the University of Illinois or its present and future employees, volunteers, assigns and licensees. I also waive any right to inspect or approve the finished photographic, video recording and/or audio recording of the above-listed Minor(s) prior to the recording's use.

This consent is perpetual; I may not revoke it and it is binding on the Minor(s) and the Minor(s)'s heirs and assigns.

I warrant and attest that: (a) I have read and fully understand this consent form and its contents; (b) I am at least 18 years of age and that I am competent to grant this consent in my own name and on behalf of the above listed Minor(s); and (c) I have the full right and authority to grant this consent on behalf of the above listed Minor(s).

Name _____ Date _____