



IIT Nighthawk Program Overnight Stay Agreement and General Release

Participant's Name: _____

Participant's Address: _____

Dates of Program: _____

Participant ("I") will be attending the Illinois Institute of Technology ("IIT") Nighthawk Program ("Event"). Participant has elected to attend the Event and may have elected, in conjunction therewith, to stay overnight at IIT facilities. Accordingly, he or she agrees to adhere to and follow the Program Rules set forth below, as applicable:

1. I understand that during the Event I will be housed in an IIT residence hall, and as a condition thereof, I agree to comply with all IIT rules and regulations.
2. Except as set forth in 3 below, I agree not to leave the IIT Main Campus (defined as the area between 31st and 35th Streets, Michigan Avenue and Dearborn Street) during the Event without my host or an IIT representative.
3. I understand that I may have an opportunity to participate in a walking tour, visit or field trip located within the City of Chicago with an IIT host or hosts. This tour will also entail the use of public transportation. If I should elect to voluntarily participate in the tour, I agree that during any such tour that I will conduct myself in a safe and responsible manner and follow all instructions of the IIT host(s).
4. I agree, at all times, to conduct myself in a safe and prudent manner while participating in the Event.
5. I understand that if I do not comply with numbers 1 through 4 above or otherwise conduct myself in an irresponsible manner, IIT may remove me from the Event, including revocation of my housing privileges, and take other reasonable action in response thereto. Further, IIT may consider my conduct during the Event in evaluating future scholarship support and privileges and whether I will be eligible to participate in future events at IIT.

Fitness to Participate and Emergency Medical Treatment: I certify that I have adequate health insurance to provide for and pay any medical costs that may directly or indirectly result from my participation in this Event and that I will indemnify from and hold IIT harmless for said costs. I further represent to IIT that there are no health-related reasons or problems of which I am aware that preclude or restrict me from participating in the Event. I hereby authorize IIT to

secure any and all necessary emergency medical treatment for me in the event that I suffer injury or illness while participating in the Event.

General Release: I understand that participation in the Event is voluntary, and I accept any risk that may come with my travel and stay at IIT, including any tour, visits or showings of Chicago in which I may elect to participate. I understand and acknowledge that Chicago is a metropolitan area with all the attendant risks.

I agree that, in consideration of IIT sponsoring the Event and permitting me to participate, I (including my parent, guardian or legal representative) shall not hold or seek to hold IIT, its trustees, officers, employees, faculty, agents, volunteers and co-sponsoring institutions and their agents liable for any injury, death or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of IIT.

I and my legal guardian have read and understand the above provisions and agree to be bound by them as indicated by our signatures below.

Participant (Please Print)

Legal Guardian's Name (Please Print)

Participant's Signature

Date

Legal Guardian's Signature

Date

EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

As stated in the *Overnight Stay Agreement and General Release* above, I have request and authorized IIT and any officer, employee or agent of IIT to secure any and all necessary emergency medical treatment for me in the event that I suffer injury or illness while participating in the Activity. In furtherance of this request and authorization, I am providing the following information, which I represent is accurate and may be relied upon by any of the foregoing parties seeking to secure me medical assistance:

EMERGENCY CONTACT INFORMATION:

Student Name: _____

Name of Emergency Contact: _____

Relationship of Emergency Contact: _____

Phone Number of Emergency Contact: _____

HEALTH INSURANCE:

Name of Health Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____

MEDICAL HEALTH:

Current Medication I Am Taking: _____

Medical Conditions/Allergies I Have of Which Emergency Assistance Providers Should Be Aware: _____

I freely and knowing authorize IIT to use any and all of the information that I am providing herein, including, but not limited to medical information, in whatever manner IIT deems necessary to render assistance to me in the event of medical emergency. I have read this statement; I fully understand it and I agree to be legally bound by it.

Participant (Please Print)

Legal Guardian's Name (Please Print)

Participant's Signature

Date

Legal Guardian's Signature

Date