



Waiver or Release of Liability

Student Name (Last, First, MI. - Please Print)

(Read Carefully)

In consideration of THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS furnishing services and/or equipment to enable me to participate in the Motorcycle Rider Education Course, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my use of motorcycles and motorcycle equipment and my participation in the Motorcycle Rider Education Course activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS; the negligence of the participants, the negligence of others, crashes, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of The board of trustees of the University of Illinois, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the board of trustees of the University of Illinois and its owners, agents, officers and employees from any and all claims, suits or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of motorcycles and motorcycle equipment or my participation in the Motorcycle Rider Education Course activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the board of trustees of the University of Illinois, the Illinois Department of Transportation, its owners, agents, officers or employees.

I have read the above waiver or release and by signing it agree it is my intention to exempt and relieve The board of trustees of the University of Illinois from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

Student's Signature

Age

Date

Signature of parent or guardian (if less than 18 years old)

# EMERGENCY CONTACT INFORMATION

Please print

1. Name of Person to be notified: \_\_\_\_\_

2. Relationship to student: \_\_\_\_\_

3. Phone number(s): \_\_\_\_\_

Please list below any medical information the instructors and/or the paramedics may need to know, such as allergies, epilepsy, recent surgery, etc., in the event of an emergency.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_