

**BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. 508
dba CITY COLLEGES OF CHICAGO
PERMISSION/RELEASE FORM**

I, (print name) _____, the "PARTICIPANT, agree to participate in (name or describe activity) _____, hereinafter referred to as "ACTIVITY". In consideration for my participation in the ACTIVITY, I hereby voluntarily assume all risk of accident, injury or damage to person or property, and hereby release, acquit, and forever discharge the Board of Trustees of Community College District No. 508, County of Cook, and State of Illinois, and its employees, directors agents and assigns from any and all claims, injuries costs, losses, damages, suits, liabilities, and/or judgments, which may in any way result or arise from my participation in the ACTIVITY, unless it shall be determined that the act was caused through negligence or omission of the Board, its officers, employees or agents, on any of its subcontractors or its employees. I freely and voluntarily waive and release any and all rights and claims, demands, suits, liens, and damages against CCC, its Board, its officers, employees and agents whatsoever as a result of my participation in the ACTIVITY.

SPONSORING COLLEGE

College	Contact	Telephone
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SIGNATURES

I fully understand the terms of this waiver and release, and I freely and voluntarily execute this document without any undue influence or coercion. I certify that I am at least 18 years of age.

Name	Signature	Date
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If PARTICIPANT is under age of 18 – I certify that I am the parent or legal guardian of the PARTICIPANT named above. I grant my permission for the above named PARTICIPANT to participate in the ACTIVITY. I fully understand the terms of this waiver and release, and I freely and voluntarily execute this document without any influence or coercion.

Name	Signature	Date
Relationship to Participant	Telephone	Cell

PERSONAL HEALTH INSURANCE INFORMATION

Carrier	Policy #	Effective Date
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EMERGENCY CONTACT INFORMATION

Name	Relationship	Telephone
Name	Relationship	Telephone