

Olivet Nazarene University

STEM Camp/Summer Leadership Institute Participation **LIABILITY WAIVER**

To Be Completed by Student Participant and Parents

STUDENT / PARTICIPANT NAME _____

STUDENT / PARTICIPANT ADDRESS _____

BIRTH DATE IF NOT AGE 18: _____

In consideration of the use of the facilities of **OLIVET NAZARENE UNIVERSITY**, Bourbonnais, Illinois, for the purpose of participating in the STEM Camp or Summer Leadership Institute (“the Activity”), I agree to assume all risk of injury to my person and/or damage to my property while participating in the Activity. I release and forever discharge **OLIVET NAZARENE UNIVERSITY** and its trustees, officers, employees, and agents from any and all damages and causes of action which I may have as a result of my participation in the Activity and while otherwise on the campus of the **OLIVET NAZARENE UNIVERSITY** and agree to indemnify and hold harmless **OLIVET NAZARENE UNIVERSITY** and its trustees, officers, employees, and agents from any and all present or future claims, demands, or actions at law or in equity, together with all costs and expenses of defending against them including attorney’s fees, that may be made or brought by me or someone on behalf of me as a result of the activity or as a result of any other occurrence while on the campus of the **OLIVET NAZARENE UNIVERSITY**.

I acknowledge that I have read this waiver, understand its contents, and have signed it freely and voluntarily.

Printed Name: _____

Signed: _____ Date: _____

If Student/User is under age 18, I (we) have also read this waiver, understand its contents, and have signed it freely and voluntarily as the parents or guardians of the Student/Participant.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Emergency Contact Phone Number(s): _____ or _____