I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that I understand and agree with each and all of the following statements regarding the *Intensive Arabic Pre-College Program (June 12-25, 2022).*

1. I understand that participation in this activity/program is strictly optional. I have decided to participate in this activity/program after reviewing and agreeing with the statements and conditions stated in this and other related communications.
2. I will follow the activity/program itinerary strictly and be present promptly at the locations indicated on the itinerary. I will comply with all instructions I am given.
3. I shall exercise common sense and avoid actions, which may put people, property, and myself at any risk. Further, I agree to avoid horseplay; and not jeopardize the safety of others at any time during the activity/program.
4. I confirm that I have accident and health insurance coverage and that I will maintain this coverage throughout the duration of this activity/program.
5. I further acknowledge/confirm that the University of Illinois is not responsible for any lost time or lost wages I may suffer as a result of my participation in this activity /program.
6. I understand that this activity/program has inherent dangers that could result in injury to myself or damage to my property. In all cases, I shall exercise caution and solely accept full responsibility for any injuries and/or loss that may occur to myself and/or any property for any reason as the result of such activities.
7. I will be the sole judge of evaluating risks and shall refrain from participating in any activities during the activity/program that in my judgement may pose any level of risk to myself, other people, or any property. In such cases, I will inform the person in charge of the activity/program I will not participate in that activity and will join the group again at the end of that activity.
8. I understand that the University of Illinois has endeavored to make the activity/program as safe as possible for the participants. I will turn to my accident and health insurance carrier for any medical bills associated with an injury or illness related to the activity/program.
9. I shall hold harmless the University of Illinois at Urbana-Champaign (UIUC), the activity/program leaders, and all others involved in planning, organizing, and conducting this activity/program from any and all claims, including but not limited to claims of injury or loss of life and property that may occur at any time during the entire activity/program.
10. I acknowledge that, despite knowing the potentials for serious harm, I am still a willing participant in the activity/program.
11. I understand that the activity/program or any part of it may have to be cancelled or re-scheduled on short notice due to unforeseen circumstances, including but not limited to bad weather. In such cases, the activity/program may be re-scheduled at a later time, or I may receive a reimbursement for any remaining portion of the fees I have paid.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_