



PERSONAL LIABILITY & MEDICAL RELEASE FORM

TSA Participant's Name: _____

School: _____

All persons under legal age must have a parent and/or guardian agree to and affix their signature to this form. ALL participants must sign this form.

I hereby agree to release the Illinois Association of the Technology Student Association, its representatives, agents, servants, and employees from liability for any injury to the above-named person, resulting from any cause whatsoever occurring to the above-named person at any time while attending Illinois Technology Student Association sponsored activities, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, or employees.

I do voluntarily authorize the Illinois Technology Student Association's Leadership Executive Director, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless the Illinois Technology Student Association, and said assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I truly understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and uphold at all times the finest qualities of a person representing the Illinois Technology Student Association.

Signature of Parent or Guardian _____

Date _____

Signature of Participant _____

Date _____

STUDENT: Return this completed form to your chapter advisor before attending IL-TSA sponsored activities.