Consent and Liability Waiver

Consent: I, the signed Participant or parent/legal guardian of Participant, do hereby give full consent and approval to participate in the Path2Practice Program at OrthoIllinois.

Waiver: I hereby waive, release, and discharge any and all rights and claims against OrthoIllinois and staff for damages for personal injury, or personal property, which may have or which may hereafter occur as a result of participation in the Path2Practice Program at OrthoIllinois. This waiver is intended to discharge in advance OrthoIllinois from any and all liability arising out of or in connection with any part of the entities of OrthoIllinois.

I agree to indemnify and to hold free and harmless OrthoIllinois from any loss, liability, damage, cost, or expense for personal injury, or property damage which may incur as a result of participation in the Path2Practice Program at OrthoIllinois.

I acknowledge that I have read and that I understand the above provisions in this consent and waiver of liability, and agree to abide by them and sign of my own free will. Participant

Name (Printed): _____

Participant Signature _____ **Date:** _____

I certify that I am the parent or guardian of the applicant who signed above, and that I have read and agree to all of the above. (To be completed if the applicant is under 18.)

Parent/ Legal Guardian Name (Printed): _____ **Date:** _____

Parent/ Legal Guardian Signature (if participant is under 18): _____

E-Mail Address: _____

Phone Number: _____