

**Child Liability Waiver Student Center Craft Shop
Southern Illinois University Carbondale**

Southern Illinois University, its employees and/or its agents, has given me notice that all children utilizing the Student Center Craft Shop or enrolled in a workshop must have current medical insurance. I understand and agree to waive all claims of liabilities against Southern Illinois University, the Student Center, the Craft Shop, and its agents and employees which might result from my child's participation in Craft Shop's activities and workshop sessions, no matter what the basis for such claims.

I have read the above conditions for use of the facilities in the Student Center Craft Shop in its entirety. I understand the requirements and agree to each of them.

I warrant that my child has the necessary medical insurance. My child's coverage is with _____ . I further agree to keep this insurance in effect at all times in which my child utilizes the Student Center Craft Shop.

Date signed

Craft Shop Participant (Print Please)

Participant's Parent or Legal Guardian Signature

SIU ID # or Driver's License #

Witness

Date

IN CASE OF EMERGENCY: CONTACT

Name

Relationship

Day Phone

Cell Phone

Address

Email