PLEASE PRINT CLEARLY

GUEST INFORMATION

First Name	Last Name	
Date of Birth	Phone	
Email		
Street Address		
City	State	Zip Code

CONSENT AND RELEASE ON BEHALF OF MINOR

I am the parent or legal guardian of the below named minors. I have read and understand the agreement and realize it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of the agreement. I also give my consent to the participant in the activity of the minor.

Printed Name of Minor	Date of Birth of Minor
Printed Name of Minor	Date of Birth of Minor
Printed Name of Minor	Date of Birth of Minor
Printed Name of Minor	Date of Birth of Minor
Printed Name of Minor	Date of Birth of Minor

GUEST EMERGENCY CONTACT INFORMATION

First Name

Last Name

Relationship

Phone

RECREATION AND WELLBEING MEMBER INFORMATION (guest sponsor)

I, the undersigned, authorize the above as my sponsored guest. I am aware of the risks and liabilities involved when sponsoring a non-UIC Recreation and Wellbeing member under my account. I understand I must present at all times that my guest is in the facility and that I am responsible for my guest and their actions.

I voluntarily elect to sponsor the above person for a guest pass with Recreation and Wellbeing facilities.

Printed	Name

Signature

UIN

Today's Date