

THIS DOCUMENT IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ IT BEFORE SIGNING.

_____ desires to participate in the following
activity/event: _____.

For purposes of this document (“Waiver”), I understand that “Activity” refers to the activity or event described above and everything I participate in connected or related to it. I also understand that “ISU” refers to Indiana State University, and its Board of Trustee, officers, employees, and agents.

I understand and acknowledge that the Activity may involve exposure to dangers and hazards, including risks that I may not know about or anticipate, that may result in property damage, economic loss, physical injury, or death. I also recognize and acknowledge that ISU makes no guarantees, warranties, representations, or other promises regarding the safety of the Activity and that ISU assumes no liability or responsibility for injury, illness, or property damage that I may sustain as a result of participation in the Activity.

In consideration of being allowed to participate in the Activity, I agree:

- To voluntarily assume all risks and responsibilities of participating in the Activity.
- To indemnify, hold harmless, and release ISU from any and all claims, causes of action, damages, or demands of any kind and nature whatsoever that may arise from or in connection with my participation in the Activity.
- To not to sue ISU for any injury to me or damage to my property sustained as a result of my participation in the Activity, **even if the injury or damage results from the negligence of ISU.**

I acknowledge and represent that I have carefully read this Waiver, understand its contents, and sign it as my own free act. I further state that I am at least eighteen (18) years of age (or that if I am not eighteen years old this Waiver has been signed by my parent or guardian) and am competent to sign it. I further acknowledge that this document is binding upon me and my heirs, beneficiaries, personal representatives, and anyone else entitled to act on my behalf.

I understand that this is a release and waiver of ISU’s liability and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that such portion shall be deemed modified to conform to applicable law and the balance shall continue in full force and legal effect.



To be completed by sponsoring youth program on campus department

Youth Program:

Name of Campus Program _____

Department/Organizer Contact Name _____

Phone _____ Email _____

On-Campus Program Location(s) and Dates: _____

Description of Program: _____

Off-Campus Field Trip Location(s) and Dates: _____

Description of Activity/Field Trip _____

To be completed by participant and parent/guardian.

Participant: _____

Camper's Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Participant Signature _____

_____ Date

If you are under 18, this form must be signed by your parent or guardian before participating in the Activity.

Parent/Guardian Signature _____

_____ Date

Printed Name _____