

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

INDIANA UNIVERSITY OF PENNSYLVANIA

WILSON UNIVERSITY OF THE STATE OF PENNSYLVANIA

Participant's name: _____ Participant's Age: _____

Waiver: In consideration of being permitted to participate in any way in the activity described above, the undersigned, for himself/herself, his/her heirs, personal representatives or assigns, does hereby release, waive, discharge, and covenant not to sue Indiana University of Pennsylvania, or the State System of Higher Education, part of the Commonwealth of Pennsylvania, or their officers, employees, and agents from liability from any and all claims including the negligence of Indiana University of Pennsylvania, its officers, employees or agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice and that Indiana University of Pennsylvania will provide no compensation for any expenses or losses incurred due those changes.

Signature of Parent/Guardian of Minor _____ Date _____

Signature of Participant _____ Date _____

Assumption of Risks: Participation in the Activity may involve travel or other activities that carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

Health Care Authorization: The undersigned hereby authorizes Indiana University of Pennsylvania and its employees and agents to perform any acts which may be necessary or proper to provide emergency health care to a participant in the Activity in the event the parent/guardian and/or emergency contact cannot be reached. This authorization includes consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Indiana University of Pennsylvania and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.