



ASSUMPTION OF RISK AND RELEASE FROM LIABILITY ("Release")

I am signing this Release so that I can participate in the Activity described below:

Camp Name/Activity	Location	Dates
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I understand that my participation in this Activity is voluntary.

I understand that there are certain risks inherent in this Activity, including any associated travel, meal and lodging. These risks may include but are not limited to accidents; exposure to adverse weather conditions; theft, loss, or damage of personal property; physical, mental and emotional injuries including but not limited to head and spinal injuries, eye or ear injuries, slips and falls, cuts, concussions, strained muscles, broken bones, communicable diseases; and even catastrophic death.

I understand that Indiana Wesleyan University (hereinafter referred to as University) is not responsible for any loss or damage to person or property. I confirm that I have resolved concerns, if any, about my health or ability to participate in or observe the Activity with my physician before deciding to participate.

I understand that University is not an agent of, and has no responsibility for, any third party, which may provide any services including food, lodging, travel, or other goods or services associated with Activity. I understand the University is providing these services only as a convenience to participants and that accordingly, University accepts no responsibility, in whole or in part, for loss, damage or injury to persons or property whatsoever, caused to others or me while participating in Activity or while staying in designated lodging. I further understand that University is not responsible for matters that are beyond its control.

I agree to assume the risk that may occur by participation in this Activity and any harm, injury illness or death to me or damage to my personal property or effects while I am participating in or observing the Activity or while I am travelling to or from the Activity. I further agree to release and hold Indiana Wesleyan University, its Board of Trustees, and any of its employees harmless from any and all liability which could result from this Activity.

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person _____

Home Phone _____ Work Phone _____

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the licensed doctor rendering the treatment. I also agree that any medical expenses that I might incur due to my involvement in this Activity will be my responsibility.

In consideration that the participant is a Minor, this waiver remains in full force and effect and that by signing this Release, I affirm that I am the legal guardian of the Minor and agree and consent to this Release on behalf of the Minor. I hereby grant permission and authorize the provision of emergency medical treatment for minors or myself while becoming ill or injured in this Activity.

If any portion of this Release is held invalid, the rest of the document shall continue in full force and effect. The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Activity shall be venued in the State of Indiana and shall be governed by the laws of the State of Indiana.

Participant Name _____

Parent/Guardian Name _____ (printed) Date _____

Parent/Guardian Signature _____

Address: _____

Telephone: _____