



Participant Assumption of Risk and Release from Liability

Program Name: _____ **Program Dates:** _____

Indiana University ("IU") is concerned for the health and well-being of its community. The nature of the COVID-19 disease is such that actions taken by you affect not only your well-being, but also those of every other person you interact with or every person who uses the same spaces you use. IU has collaborated with medical experts and public health professionals to develop protocols and enhanced health and safety measures designed to minimize the risk of COVID-19 infections. IU is continually reviewing and, as appropriate, updating these protocols to incorporate the latest guidelines and information. Despite IU's efforts to minimize these risks, it is impossible to eliminate the possibility that you could be exposed to or contract COVID-19 while participating in IU activities and while on IU property. Signing this Agreement is a condition of your participation in activities offered by and/or your receipt of services from the Trustees of Indiana University on behalf of Bradford Woods, [including (insert specific event name as applicable)] ("Activities").

I, _____, wish to participate in the Activities. In consideration of the services to be rendered in providing the Activities and in consideration of my participation in and receipt thereof, I hereby agree to the following:

1. I understand Activities may include, but are not limited to, the following: ground based initiatives, individual and group challenge activities, low, intermediate, and high ropes courses, hiking, camping, backpacking, canoeing, other water-based activities, fishing, archery, arts and crafts, environmental nature studies, transportation to and from activity sites and all other activities.
2. I understand that during the Activities, I may come into close contact with other participants. I understand that there is a potential I could be exposed to and contract COVID-19.
3. I understand that any owners, employees, officers or agents of any attraction, enterprise or vendor of which I take part or participate during the Activities, the other participants of the Event (whether associated with my group or not), and other third parties (collectively, "Third Parties"), are not the agents or employees of IU and that dangers, including those related to COVID-19, may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that IU is not responsible for any injuries or property damage that may be caused by the acts or omissions of such Third Parties.
4. I understand that my participation in Activities is entirely voluntary and at my own risk. I fully understand the scope of the Activities and the potential risks, including those related to COVID-19, involved in the Activities. I agree to assume the risks of my participation in the Activities, including the risk of catastrophic injury, death, or exposure to and infection of communicable diseases.
5. I understand and agree that IU does not provide insurance to cover medical expenses for injuries or diseases that may be sustained or contracted by me or for damage to my personal property, and that IU strongly recommends that I carry my own health, medical, and property insurance for purposes of potential losses related to my participation in the Activities.
6. I agree to follow guidelines and recommendations given to me by IU, the [Unit], its agents, and employees during the Activities. I understand that all IU policies and regulations, including the COVID-19 Student Commitment Form, the Community Responsibility Acknowledgment, and the Code of Student Rights, Responsibilities and Conduct, are in effect and apply to my behavior for the entire duration of the Activities. I understand that any violations of these policies, guidelines, and regulations may result in sanctions up to and including, in appropriate circumstances, removal from Activities and referral to the Indiana University Police Department and/or the Office of Student Conduct for disciplinary action.
7. I hereby release and fully discharge The Trustees of Indiana University, including its officers, agents, and employees, from any and all claims or causes of action that may be brought by me or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my participation in the Event to the fullest extent permitted by law.
8. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to the Activities that purports to establish the venue for any litigation arising from the Activities, I agree that I will file no action against IU or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Activities, in any court other than in Marion County, Indiana.
9. I have read this entire Agreement, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has also signed the Agreement.

Participant Name

Parent/Guardian Name (if participant is under 18 years old)

Participant signature

Parent/Guardian signature

Date

Phone (only for contact tracing, if necessary)

Date

Bradford Woods Medical Form

Please fill out this form thoroughly. We will use the information provided to plan a safe and enjoyable experience. This also serves as a helpful reminder to you of physical precautions and care you may need to take because of previous injuries and other physical conditions. Any information disclosed on this form will remain confidential.

Participant Name: _____ Male Female DOB: _____

Address _____

City _____ State _____ Zip _____ Phone _____

In case of emergency, notify (name): _____ Relationship to participant: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name of Physician: _____ Phone _____

Physician's Address _____

Insurance Company _____ Policy Number _____

Medical Information: Blood Type (if known): _____ Height: _____ Weight: _____

Allergies (describe reaction): _____

Specific Dietary Needs: _____

Current medications (name, dosage, reason for taking): _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e. injuries, medical diagnosis, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.)

Medical Services Permission Release

During participation in a Bradford Woods program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for me or my child.

I hereby agree that the MEDICAL HISTORY provided is true to my knowledge. I declare that I have read and understand the contents of the MEDICAL SERVICES PERMISSION and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant signature
(Legal guardian's signature if participant is under the age of 18)

Date

Photo Release

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of myself or my child. I grant the University permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the internet, or in any other manner deemed necessary. I declare that I have read and understand the contents of this PHOTOGRAPHIC RELEASE, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant signature
(Legal guardian's signature if participant is under the age of 18)

Date