

STOP!!!!!! READ, PRINT, SIGN, RETURN THIS AT EVENT CHECK IN FOR EVERY YOUTH/ADULT PARTICIPANT

EVERY YOUTH attending the University of Scouting must have a PARENT/GUARDIAN signed Hold Harmless Agreement on file for the event.

EVERY ADULT attending the University of Scouting AS A PARTICIPANT must have a signed Hold Harmless Agreement on file for the event. An adult signing on a form for a Scout is sufficient for that adult. An additional adult family member can sign on the same or different form.

SCOUT LEADERS CAN NOT SIGN OFF ON HOLD HARMLESS AGREEMENTS FOR SCOUTS THAT AREN'T THEIR OWN CHILDREN.

THIS FORM SHOULD BE TURNED IN AT THE EVENT DURING CHECK IN FOR ALL SCOUTS AND ADULT PARTICIPANTS. PARTICIPANTS WITHOUT A FORM WILL BE SENT HOME WITHOUT A REFUND.

WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

In consideration of permission granted by Purdue University allowing me to participate in the University of Scouting, which will occur on Saturday, December 6, 2025 which is sponsored by Elmore Family School of Electrical and Computer Engineering, I (together with my parent or guardian, if I am under the age of eighteen (18)) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur and assume all risks of any injuries, damages, or harm that arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").
2. I am aware that COVID-19 is an infectious virus that spreads easily through person-to-person contact, and could cause serious illness to individuals who have certain medical risk factors. Federal and state public health authorities and the Released Parties have issued basic health and safety guidance aimed at mitigating the spread of the virus. I understand that my participation in Activity or accessing facilities owned or managed by Released Parties could increase the risk of contracting COVID-19. Released Parties in no way warrant that the protective measures prescribed for the Activity or to access the facilities will completely prevent exposure to the COVID-19 virus. I agree to follow all public health and safety guidelines for the Activity and freely and voluntarily assume the risk of COVID-19 exposure.
3. I waive all claims against any of the Released Parties for any injuries, damages, liabilities, losses or claims, whether known or unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
4. I agree to indemnify and hold the Released Parties harmless from and against any and all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses that arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
5. I hereby grant permission to Purdue University and any organization associated with Purdue to use, for any legitimate purpose, including future advertising of the Activity on the Purdue website or in other promotional materials, my name and likeness to the extent it may appear in any photographs or records of the Activity.
6. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement which is governed by Indiana law. I understand it fully and I execute it voluntarily. I further acknowledge that any dispute or claim related to the subject matter hereof would be subject to the sole and exclusive jurisdiction of courts of competent authority located in Tippecanoe county, Indiana, with such courts to be the sole and exclusive venue for any such action.

SCOUT(S) NAME(S)

ADULT PARTICIPANT #1 NAME

PARENT/GUARDIAN SIGNATURE

ADULT PARTICIPANT #1 SIGNATURE

DATE

ADULT PARTICIPANT #2 NAME



Indiana University Health

ADULT PARTICIPANT #2 SIGNATURE