



## LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE AND MEDICAL TREATMENT AUTHORIZATION

This is a legally binding Release and Authorization executed by \_\_\_\_\_ (the "Participant") whose address is \_\_\_\_\_, to Indiana State University, Terre Haute, Indiana 47809 (the "Institution").

I, the undersigned, request that I be granted permission to participate in the following activity:

\_\_\_\_\_ ( the "Activity"), to be held at the following location: ISU Sycamore Outdoor Center, Brazil, Indiana.

In consideration of the Participant being permitted to participate in the Activity, I do release, waive, forever discharge, and covenant not to sue the Institution, its governing board, officers, agents, employees, and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs and expenses of any nature which Participant may have or which may hereafter accrue to Participant arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by Participant or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while Participant is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree that Releasees do not have medical personnel available at the location of the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE AND MEDICAL TREATMENT AUTHORIZATION.**

**IN WITNESS WHEREOF, I have caused this Release and Authorization to be executed**

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

E-mail: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Co-signature of parent or guardian if Signer is under 18 years of age.)