



**RELEASE OF LIABILITY, ASSUMPTION OF RISK,
AND MEDICAL AND MEDIA AUTHORIZATION**

***** PLEASE READ AND UNDERSTAND BEFORE SIGNING *****

In consideration of being permitted to voluntarily participate in the _____ ("Camp") at Indiana Wesleyan University ("IWU"), I release, or give up any legal claim that I might have against IWU, its Board of Trustees, officers, employees, agents, and volunteers. This release is binding on my legal representatives or anyone who tries to claim through me. If anyone listed above is sued or has to pay anyone else because of my conduct, I will reimburse them for their legal costs, fees, and payments.

Certain Camp activities involve inherent risks. These activities include, but are not limited to, competing in high-intensity team and individual sports competitions, dining, lodging, being transported by vehicles, swimming, climbing, exercising, weight training, using rope courses, dodgeball, using various sports and exercise equipment, and other athletic activities involving physical exertion ("Activities"). Risks include, but are not limited to, collisions with other participants and objects, head, neck, and spine injuries, concussions/traumatic brain injury, slips, trips, and falls, muscle, joint, ligament, tendon, limb, and bone injury, abrasions, contusions, and lacerations, cardiovascular complications, lost wages, loss of major life activities, and loss of life.

I understand these risks and hereby assume and accept all risks of injury or damage while participating in these Activities. I represent to IWU that I have the skills and ability to safely participate in these Activities and that any equipment that I furnish is in good condition, order and repair and is fit for and will be used for its intended purpose. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, or other illness that would prevent or inhibit my participation in these Activities.

I certify that I have adequate insurance to cover injury or damage, including damage or loss to personal items, that I may cause or suffer while participating in these Activities, or else I agree to bear the cost of such injury, damage, or loss myself. I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the opinion of a medical professional, knowing I am responsible for paying all costs of medical care.

I hereby give consent to use my likeness and/or name/identity for purposes of promotional materials or any other type of media produced and/or published by IWU to promote or publicize the Camp or University.

I have read this Release and Authorization Form, I understand it, and I sign it freely.

If the participant is not 18 years old –

Participant Name (please print)

Name of Parent of Legal Guardian (please print)

Participant Signature (only if 18 and older)

Date

Signature of Parent or Legal Guardian

Date

HEALTH INSURANCE INFORMATION

Insurance Company

Member ID #

Policyholder's Name

Relationship to Participant

MEDICAL DISCLOSURE

Please note any special medical considerations regarding participant's health (medications, allergies, injuries, etc.):