

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

This Assumption of Risk and Release from Liability pertains to events and trips offered by the **International Peer Mentoring Program, Office of International Affairs, IUPUI** either on the IUPUI campus of Indiana University or events off campus from May 06, 2019 – May 09, 2020.

I, _____, state that I wish to participate in the events and that my participation is wholly voluntary. In consideration of the opportunity to participate, I hereby state:

1. I understand that certain risks are inherent in travel and the other activities in which I will participate and I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to air/motor transportation, adverse weather conditions, driver error (including my own), criminal activity, loss, damage or theft of personal property, and other physical, mental, and emotional injury. I also understand that there may be other risks not known or reasonably foreseeable.
2. Due to the variable nature of the events and trips, I will take due care and consideration of the risk that the event may have. I understand that the risk taken on trips are voluntary and at my own risk. At events where there is a need engage the services of various service providers ("Third Parties") who are not employees of Indiana University, the University and its employees are not responsible for any injuries that may be caused by the negligent or intentional acts of omissions by the Third Parties.
3. I understand and agree that Indiana University does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property and that Indiana University strongly recommends that I carry my own health, medical and property insurance for purposes of potential losses related to this organization and its activities.
4. I release and fully discharge The Trustees of Indiana University, and its employees, officers, and agents, from all liability in connection with my participation in this organization and its activities, for or on account of any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or effects owned by me.
5. I fully understand that all Indiana University policies and regulations, including those embodied in the Code of Student Rights, Responsibilities and Conduct, are in effect and apply to my behavior for the entire duration of the program and that any violations of these policies or regulations may result in the imposition of sanctions as provided under the Code.

Participant Signature _____ Date _____
Printed Name _____

If Participant is under 18 years old, then his/her parent or guardian must sign below.

Parent/Guardian Signature: _____
Printed Name: _____