



Club/ Class Activity/ Field Trip Sign-up Form

Today's date: _____

Date of activity/ trip: _____

Instructor or Advisor responsible: _____

Class or Club sponsoring the activity/ event: _____

Activity/ event you are signing up for:

Name: _____

_____ Ivy Tech Student _____ Ivy Tech Staff/ Faculty _____ Guest: of student or staff/faculty

Campus: _____ E-mail: _____

Daytime Phone: _____ Evening Phone: _____

- If there is a **fee involved**, take this form to your **campus business office** and pay your fee by the deadline. The business office will forward the completed form to the **ABOVE NAMED INSTRUCTOR OR ADVISOR WHO IS COORDINATING THE ACTIVITY/ EVENT.**
- If **no fee** is involved, **RETURN THIS FORM DIRECTLY TO THE ADVISOR OR INSTRUCTOR RESPONSIBLE FOR THE ACTIVITY/ EVENT.**

I, _____, acknowledge that my participation in this school-related event, trip and/or activity is *voluntary* and that Ivy Tech Community College of Indiana is not responsible for damages or theft to my property while participating in this activity/ trip. I further understand that I do hereby fully and irrevocably release, waive and discharge Ivy Tech Community College of Indiana, its trustees, officers, employees, volunteers, agents and assigns from any and all claims for injuries, including death, to myself or other persons and from any and all claims for damages to my or other persons' property, arising out of or in any way relating to my participation. It is acknowledged and understood that I am responsible for the cost of any and all medical and health services I may require as a result of such participation. Further, I hereby agree to indemnify and at Ivy Tech's request, defend and save harmless, Ivy Tech Community College of Indiana, its trustees, officers, employees, volunteers, agents and assigns from and against any loss, damages, costs, claims or expenses arising from any actual or claimed death or injury to any person or actual or claimed damage to property, whether owned by me, Ivy Tech Community College of Indiana, or third parties, including loss of use, that actually or allegedly results from my conduct, by act or omission, relating to my participation in said event, trip or activity.

I HAVE READ AND I UNDERSTAND THE ABOVE STIPULATIONS AND THIS RELEASE AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Signature: _____ Date: _____

Business Office:

The above named person paid the amount of \$ _____ for the above named activity or event and is paid in full.

Signature of Business Office Staff

Date