

STUDENT WAIVER



IVY TECH COMMUNITY COLLEGE OF INDIANA
RELEASE AND WAIVER OF LIABILITY

I, _____, acknowledge that my participation in any school-related events, trips and/or activities during the 2008/ 2009 academic year is *voluntary* and that Ivy Tech Community College of Indiana is not responsible for damages or theft to my property while participating in these activities or trips. 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 in activities or trips, whether through a student club/ organization or an academic course in which I am enrolled. 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 events, trips and/ or activities.

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

Signature: _____ Date: _____

If the participant is a minor, under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for participation.

Signature of Parent/Legal Guardian: _____ Date: _____

COMPLETE STUDENT INFORMATION BELOW – PLEASE PRINT CLEARLY:

Name: _____ Date of Birth: _____

Circle campus you attend: East Chicago / Gary / Valparaiso / Michigan City

Club/ Organization/ Course in which you completed this form:

Advisor or Instructor for club or course: _____

** This waiver covers the student for the academic year and for any and all events, trips and activities in which said student participates during that school year**

Central Office requires that this form be completed for all students each year & be kept on file with the instructor or advisor who is originating it for their course or student club