



**WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
INDIANA UNIVERSITY OF PENNSYLVANIA**

Participant's Name: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

**Waiver:** In consideration of being permitted to participate in any way in \_\_\_\_\_  
\_\_\_\_\_*(Description of Class or Activity including date(s))* hereinafter  
called "the Activity", the undersigned, for themselves, their heirs, personal representatives or assigns,  
**does hereby release, waive, discharge, and covenant not to sue** Indiana University of  
Pennsylvania, or the State System of Higher Education, part of the Commonwealth of Pennsylvania,  
or their officers, employees, and agents from liability **from any and all claims including the  
negligence of Indiana University of Pennsylvania, its officers, employees or agents**, resulting  
in personal injury, accidents or illnesses (including death), and property loss arising from, but not  
limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice  
and that Indiana University of Pennsylvania will provide no compensation for any expenses or losses  
incurred due to those changes.

**Assumption of Risks:** Participation in the Activity may involve travel or other activities that carries  
with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

**Health Care Authorization:** The undersigned hereby authorizes Indiana University of Pennsylvania  
and its employees and agents to perform any acts which may be necessary or proper to provide  
emergency health care to a participant in the Activity in the event the parent/guardian and/or  
emergency contact cannot be reached.

This authorization includes consent to and authorization of medical procedures by qualified, licensed  
physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their  
profession and in their sole discretion, may deem necessary. The undersigned understands that they  
are responsible for all costs and expenses of such medical treatment.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Indiana University of  
Pennsylvania and the State System of Higher Education HARMLESS from any and all claims,  
actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought  
as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of  
risks agreement is intended to be as broad and inclusive as is permitted by the law of the  
Commonwealth of Pennsylvania and will be interpreted under such and that if any portion thereof is  
held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** The undersigned has read this waiver of liability, assumption  
of risk, and indemnity agreement, fully understands its terms, and **acknowledges and understands  
that substantial rights are being given up, including the right to sue.** The undersigned  
acknowledges that they are signing the agreement freely and voluntarily, they are assuming all risks  
voluntarily and **intends by their signature to provide a complete and unconditional release of  
all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date