

TRINE UNIVERSITY

ACTIVITY PARTICIPATION AND MEDICAL RELEASE FORM

Full Name (Child) _____ Birthdate: _____

Name of Camp/Program: _____

Date(s) of Activity: _____ **Location** _____

In exchange for (the "Child") being allowed to participate in the camp or program (the "Program") at Trine University ("Trine"), and as the custodial parent or legal guardian of the above-named individual, I hereby agree to be bound by each of the following:

1. Voluntary Participation. I understand and confirm that my Child's participation in the Program is voluntary.

2. Identification of Risks. I understand that my Child's participation in the Program may involve risk of injury, illness and loss, both to person and to property. I also understand that the risk of injury or illness may include the possibility of permanent disability and death. I understand that this Acknowledgement of Liability and Indemnification is intended to address all of the risks of any kind associated with the Child's participation in any aspect of any activity while in the Program.

3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my Child's participation in the Program. I accept personal responsibility for any liability, injury, illness, loss or damage in any way connected with my Child's participation in any activity while in the Program.

4. Release and Waiver. I release Trine and its directors, officers, coaches, students, umpires, employees, agents, volunteers, successors, or assigns from any and all liability and waive any and all claims for injury, illness, loss or damage, including attorneys' fees, in any way connected with my Child's participation in any activity while in the Program, whether or not caused in whole or in part by the negligence or other misconduct of Trine or any of the individuals mentioned above.

5. Indemnification. I agree to indemnify and to hold harmless Trine and its directors, officers, coaches, students, umpires, employees, agents, volunteers, successors, or assigns from all claims for any liability, injury, loss, damage or expense, including attorneys' fees (including the cost of defending any claim I might make, or that might be made on behalf of my Child, that is released and waived by this instrument), in any way connected with or arising out of my Child's participation in any activity while in the Program, whether or not caused in whole or in part by the negligence or other misconduct of Trine or any of the individuals mentioned above.

6. Binding Effect. This instrument shall be binding upon my Child's relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Trine and its respective successors and assigns.

7. Severability. If any term or provision of this instrument or the application thereof to any persons or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.

8. Applicable Law. Because Trine and the Program are headquartered in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

THIS IS AN ACKNOWLEDGEMENT OF LIABILITY. I HAVE READ THIS ACKNOWLEDGEMENT OF LIABILITY AND INDEMNIFICATION. I AM SIGNING THIS ACKNOWLEDGEMENT OF LIABILITY AND INDEMNIFICATION VOLUNTARILY.

IN EXCHANGE FOR MY CHILD OR WARD BEING ALLOWED TO PARTICIPATE IN THE PROGRAM, AND AS THE CUSTODIAL PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED INDIVIDUAL, I VERIFY THAT I FULLY UNDERSTAND, AGREE TO, AND ACCEPT ALL PROVISIONS OF THIS ACKNOWLEDGEMENT OF LIABILITY AND INDEMNIFICATION.

_____/_____/_____
Signature of Participant* Date Printed Name

Being fully informed as to these risks, I hereby consent to the minor participating in the activity.

_____/_____/_____
Signature of Parent/Legal Guardian Date Printed Name
**Parent or legal guardian must also sign for participants under 18 years of age.*

Address

Mailing Address (if different)

_____/_____/_____
City State Zip

_____/_____
Phone Alternate Phone

Email Address

Please include any medical information or limitations that would be relevant to Child's participation in Program
Please include any food allergies.

To report a concern please contact The Trine Department of Campus Experience at 260-665-4201