

# Indiana State University

## Waiver of Liability, Medical Release and Video/Photograph Permission Form

This is a legally binding Release and Authorization executed by \_\_\_\_\_ (the "Participant"), whose address is \_\_\_\_\_, Indiana State University (the "Institution") and its officers, agents, employees, associates, and any person acting as employee (the "Releasees").

I, the undersigned, request that I be granted permission to participate in the Adult/Adolescent SAFE Clinical Skills Lab (Activity) conducted by Indiana State University from August 15 – August 16, 2018.

By signing below I hereby release, waive, discharge and covenant not to sue Indiana State University, its Trustees, agents, officers, employees, servants and successors, and assigned chaperones (the "Releasees") from all liability claims, demands, damages, legal actions and their causes of action related to any and all loss, damage, or injury including death that may be sustained by me or to any personal property, whether caused by the negligence of the Releasees or otherwise, while participating in the Adult/Adolescent SAFE Clinical Skills Lab Activity or while in or upon the premises where the Activity is being conducted. This release of liability shall be binding upon me personally, as well as upon my heirs, executors, and all members of my family.

I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I understand that any photograph, video, or audio recording, and/or any other image or likeness of myself participating in the Activity becomes the property of the Institution and may be used by the Institution for the purpose of publicity of the Activity without any further consent or request for consent.

### **I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE, AND MEDICAL TREATMENT AUTHORIZATION AND VIDEO/PHOTOGRAPH PERMISSION FORM**

In witness whereof, I have caused this Release and Authorization to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_