

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

CENTER FOR EARTH AND ENVIRONMENTAL SCIENCE
INDIANA UNIVERSITY-PURDUE UNIVERSITY, INDIANAPOLIS

I, _____ (as signed below), attest that I am eighteen (18) years of age or older; that I suffer from no mental deficiency or defect that renders me incompetent to enter contractual agreements; and that I have read and understand the terms of this Assumption of Risk and Release from Liability. By signing this Assumption of Risk and Release from Liability, I acknowledge that there are risks of injury to persons (including myself) and property (including my property) associated with my participation in Service Learning event(s) and/or research coordinated by CEES IUPUI. I also acknowledge that there are other risks to persons and property associated with employees, agents, volunteers or others of IUPUI working with me during service learning events. By signing this Assumption of Risk and Release from Liability, I hereby expressly hold IU and its trustees, employees, agents, volunteers and representatives harmless from any and all claims relating to my participation in the Service Learning events coordinated by Service Learning. I also release and fully discharge, indemnify and defend the Trustees of Indiana University and its employees, agents, volunteers, representatives and assigns, from any liability arising out of or related to my participation in the Service Learning event(s) coordinated by CEES IUPUI.

I specifically acknowledge and assume all risks associated with this activity, including but not limited to:

- Theft, loss, and damage to and/or destruction to the item(s) I may bring to the site with me
- Theft, loss and damage to or destruction of my vehicle parked at or near the site
- Personal injury to me or others, including injuries arising from working outdoors and from the use of equipment (such as pruners or loppers, sampling equipment, and safety gear), possibly in or near bodies of water such as shallow creeks and including injuries such as bug bites, cuts and scrapes, injuries from slips and falls, muscle strain, serious injuries up to and including broken bones, temporary or permanent disability, and death

I ("Participant") authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU's future use of the Recordings.

DISABILITY STATEMENT

Students with disabilities who are wanting to participate in service learning events should contact CEES (cees@iupui.edu) to discuss accommodations. Alternatively, students with disabilities can contact Adaptive Education Services at 317-274-3241 or visit them in Taylor Hall, UC 100.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it.

Participant name (printed): _____

Participant name (signed): _____

Guardian name – if participant is under 18 (printed): _____

Guardian name – if participant is under 18 (signed): _____

Date: _____