

# **ASSUMPTION OF RISK AND RELEASE FROM LIABILITY**

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## **Child Scientist Adventure Week (C-SAW) AT INDIANA UNIVERSITY BLOOMINGTON**

I, \_\_\_\_\_ (parent/legal guardian name) agree to have my child \_\_\_\_\_ participate in C-SAW (Child Scientist Adventure Week) at INDIANA UNIVERSITY—BLOOMINGTON (the "Activity").

In consideration of my child being allowed to participate, I agree to the following:

1. I understand that certain risks, known and unforeseen, are inherent with participation in the Activity. These risks may include, but are not limited to, those normally associated with summer programs, such as cuts, bruises, sprains, strains, broken bones, allergic reactions to unfamiliar food and drink items, and other physical, mental, and emotional injury, including the risk of catastrophic injury and death.
2. I fully understand the above risks involved in the Activity, and I hereby agree to assume the risks of my child's participation.
3. I understand that any medical expenses that I might incur due to my child's involvement in the Activity will be my personal and financial responsibility.
4. I agree to release, fully discharge and hold harmless the Trustees of Indiana University, its officers, agents and employees, from any and all liability which could result from my child's voluntary participation in the Activity.
5. I agree that I have read this entire Assumption of Risk and Release from Liability, I fully understand it, and I agree to be bound by it.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_