



**IVY TECH COMMUNITY COLLEGE OF INDIANA
CLUB SPORTS
RELEASE AND WAIVER OF LIABILITY**

I, _____, in exchange for permission to participate in one or more Club Sports programs ("Club Sports"), which are any sports offered at Ivy Tech that compete competitively with other colleges, and where participation may include, but is not limited to, trying out for teams, practicing, training, playing, observing, traveling to and from and competing in such Club Sports, for myself, my heirs, representatives, agents and assigns, do hereby fully and irrevocably release, waive and discharge Ivy Tech Community College of Indiana ("Ivy Tech"), its trustees, officers, employees, volunteers, agents and assigns from any and all claims for injuries, including death, to myself or other persons and from any and all claims for damages to my or other persons' property, arising out of or in any way relating to my participation in, including but not limited to travel to and from, said Club Sports. It is also acknowledged and understood that Ivy Tech disclaims any responsibility for team or student activity group members and others who travel to Club Sports in vehicles not owned, leased, hired, rented or borrowed vehicles by Ivy Tech, and I hereby assume all risks associated with driving myself and/or others, or being driven by others, to or from such Club Sports. Further, I hereby agree to indemnify and at Ivy Tech's request, defend and save harmless, Ivy Tech, its trustees, officers, employees, volunteers, agents and assigns from and against any loss, damages, costs, claims or expenses arising from any actual or claimed death or injury to any person or actual or claimed damage to property, whether owned by me, Ivy Tech Community College of Indiana, or third parties, including loss of use, that actually or allegedly results from my conduct, by act or omission, relating to my participation in said Club Sports. Finally, it is understood and agreed that this Release shall remain in full force and effect during such time, as I am a participant in Club Sports at Ivy Tech Community College of Indiana.

MEDICAL INSURANCE REQUIREMENTS

Participation in Club Sports is contingent on medical insurance coverage. Ivy Tech strongly recommends that each participant obtain an annual physical examination. I certify that I have adequate medical insurance coverage that will cover medical expenses resulting from my participation in any Activities. It is acknowledged and understood that I am responsible for the cost of any and all medical and health services I may require, whether covered or not, as a result of such participation in said Activities.

PHOTO RELEASE

In connection with my participation, I grant permission to Ivy Tech and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images and/or interviews taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Ivy Tech and its legal representatives for all claims and liability relating to said images and/or interviews. I will make no monetary or other claim against Ivy Tech for the use of the photograph(s)/video and/or interviews.

I HAVE READ AND I UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Participant Signature: _____ Date: _____

Printed Name: _____

If the Participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for participation.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name: _____

RELEASE FOR EMERGENCY MEDICAL CARE

I, _____, give permission for Ivy Tech Community College to seek medical attention if I am unable to communicate.

In case of emergency please notify:

Name: _____
Phone: _____ Alternate Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

If previous person is unavailable, notify:

Name: _____
Phone: _____ Alternate Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Please list any pertinent medical information below, i.e., allergies, chronic diseases, etc. If Not Applicable please note N/A.

Participant Signature: _____ Date: _____

Printed Name: _____

If the Participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for participation.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name: _____