

University of Indianapolis Athletics Waiver, Release of Liability, & Indemnity Agreement

I am aware and understand that physical activity, including weight lifting and conditioning, can be dangerous activity, which may result in serious personal injury. These injuries include, but are not limited to serious neck and spinal injuries, complete or partial paralysis, brain damage, serious injuries to bones, joints, ligaments, and tendons; serious injury to other areas of the body, general health and well-being, and even death.

In consideration of the University of Indianapolis (UIndy) permitting me to participate in the UIndy Indoor Track and Field Camp and the use of its athletic facilities, I agree to the following:

1. I will obey all rules established by UIndy Athletics for the use of its facilities.
2. I will obey any and all instructions or directions given to me by UIndy Athletic personnel concerning Track and Field and the use of UIndy facilities.
3. I assume all financial responsibility for any injury or damage as a result of my use of UIndy Athletics' facilities and participation in Indoor Track and Field.
4. I waive all claims of whatever nature and release and hold harmless UIndy, its trustees, officers, agents, employees, coaches professors, athletic trainers, and other medical personnel from any and all liability arising out of and injuries to my person or property, or losses of any kind and nature whatsoever, which may result from, or which are in connection with my use of UIndy Athletic facilities and Indoor Track and Field.
5. I indemnify and hold harmless those listed above for any injury that I may cause others due to my use of the UIndy Athletics facilities and/or participation in Indoor Track and Field or due to my failure to obey all rules, directions, and instructions.

I acknowledge that I have read this agreement fully and that I understand the legal rights I waive by signing this agreement. I further acknowledge that I have fully and completely been advised of the potential hazards incident to engaging in physical activity.

Signature of Participant:

Signature of Guardian (if under 18):

Printed Name of Participant:

Printed Name of Guardian (if under 18):

Date:

Date: