Assumption of Risk and Release from Liability
Indiana University Athletics

I, __________________________________, acknowledge that I am permitted to use and enjoy the facilities of the Indiana University ______________________________ (Facility). In consideration for the privilege and opportunity to use the Facility and accompanying equipment, I hereby agree to the following:

1. I understand and acknowledge that any and all use of the Facility must be in accordance with the Athletics Facility Access Policy and any Operational Policies for the Facility.

2. I understand and acknowledge that there are inherent risks and dangers in my use of the Facility and accompanying equipment, including, but not limited to, sprains, cuts, muscle tears or strains, fractures, broken bones, physical injury associated with the use of weight training and/or cardio equipment, and other physical, mental or emotional injury, whether known or unknown nor reasonably foreseeable.

3. I fully understand the scope of the risks involved with using the Facility and accompanying equipment, and I agree to assume the risks of such use, including the risk of catastrophic injury or death.

4. I hereby release and fully discharge The Trustees of Indiana University, including its officers, agents, and employees, from any and all claims or causes of action that may be brought by me, including all liability for damage to personal property, personal injury or loss which may result from my use of the Facility and/or equipment, whether caused by negligence or otherwise, to the fullest extent permitted by law.

5. I have read this entire Agreement to Release Indiana University, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has also signed this Agreement to Release Indiana University.

Participant Name (Print)____________________________________________________
Participant Signature_______________________________________________________
Date_________________

If the Participant is under 18 years old, his/her parent or guardian must sign below.

Printed Name:___________________________________________________________
Parent/Guardian Signature:_______________________________________________
Date_________________