

**Assumption of Risk and Release from Liability  
Travel To/From Athletics Events**

I, \_\_\_\_\_, am a student-athlete at Indiana University Southeast. I understand that IUS. Although I typically travel to and from events with the team using University-provided transportation, I wish to make my own travel arrangements as follows:

Team: \_\_\_\_\_  
Away Game Site: \_\_\_\_\_  
Date: \_\_\_\_\_

I will make my own transportation arrangements (circle one of the following):

- TO the contest.**
- FROM the contest.**
- BOTH TO and FROM the contest.**

1. I understand that certain risks are inherent in travel and I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to transportation, adverse weather conditions, driver error (including my own), criminal activity, loss, damage or theft of personal property, and other physical, mental, and emotional injury. I also understand that there may be other risks not known or reasonably foreseeable.
2. I understand that any driver or mode of transportation other than that provided to the team by IUS (Third Parties) is/are not the employees or agents of Indiana University and that the University is not responsible for any injuries that may be caused by the negligent or intentional acts or omissions of such Third Parties.
3. I release and fully discharge The Trustees of Indiana University, and its employees, officers, and agents, from all liability in connection with my participation in the Trip, for or on account of any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or effects owned by me.
4. I fully understand that all Indiana University policies and regulations, including those embodied in the Code of Student Rights, Responsibilities and Conduct, are in effect and apply to my behavior for the entire duration of the trip and that any violations of these policies or regulations may result in sanctions.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_