

INDIANA UNIVERISTY SOUTHEAST

RECREATIONAL SPORTS

Waiver Of Tort Liability Of Right To Indemnity

I, the undersigned, acknowledge that I am over 18 years of age and have the capacity to legally enter into a contact, or have obtained the signature of my parent or legal guardian. In exchange for the right to participate in any and all activities of the Indiana University Southeast Intramural Sports Program.

I hereby release and discharge Indiana University and it's officials, representatives, employees, and trustees acting in their capacity within the University and any and all sponsors of intramurals of/ from **ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CAUSE OF ACTION, LOSS, DAMAGE, OR INJURY** to person or property, including serious injury and/or death which may result while preparing for or participating in the above event.

I recognize that participating in any intramural activity is a physically demanding and inherently dangerous activity. I am aware of the risk of injury from participating in these events and I hereby voluntarily elect to participate in the activities related to these events.

It is the intent of the parties for this release to be binding upon the heirs(s), next of kin, executor(s), distribute(s), and administrator(s) of the undersigned.

I have read the waiver and release of liability and understand that it is a full and complete unconditional release from the waiver of liability for **ANY** injury I suffer. I freely and willingly sign this document.

Signature of Participant

Date

Printed Full Name of Participant