

**OFF-CAMPUS ACTIVITY ASSUMPTION OF RISK,  
LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT**

1. I desire to participate in the following activity/trip Medical Practicum ("Activity"), more fully described on the reverse side of this document. I fully understand and appreciate the dangers, and risks inherent in the Activity, in the transportation to and from the Activity, and in any independent research or activities I undertake supplemental to the Activity. These dangers and risks can result in injury and impairment to my body, general health, well being, and could include serious or even mortal injuries and property damage. I understand that Manchester University cannot and will not guarantee the safety of participants, monitor or control the personal decisions, choices and/or activities of participants, control the acts or omissions of host institutions or other providers of goods or services involved in the Activity, or prevent participants from engaging in unwise, illegal or dangerous activities. I am willing to accept these risks. I further agree that the designated leader of the Activity may send me home, at my expense, for significant inappropriate conduct.
2. **In consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities, known and unknown, surrounding my participation in the Activity, the transportation, and in any independent research or activities undertaken as supplemental to it. I further hereby agree to hold harmless, release, indemnify and defend Manchester University, its employees, Board of Trustees, and their successors (collectively "MU"), from any and all claims and demands whatsoever, which the undersigned, his/her family, heirs, and/or personal representatives, have or may have against MU, by reason of accident, illness, injury, property loss or damage or any other consequences arising or resulting directly or indirectly from my participation in internship programs or related activities. In no event shall MU's liability for any act or failure to act exceed the amount paid for my participation in the Activity.**
3. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in the Activity. I agree to promptly express any health or safety concerns to the Activity staff or other appropriate individuals with the University. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release and indemnify the University from any liability for such actions. I understand that the University does not provide any accident or medical insurance during my participation in the Activity. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Activity. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility for them.
4. It is my express intent that this release and hold harmless agreement shall bind myself, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the University.
5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement, or that the person executing the document below my name has the requisite legal capacity to execute this document on my behalf; and that I/we execute this release for full, adequate, and complete consideration fully intending to be bound by the same.
6. I further agree that this Release shall be construed in accordance with the laws of the State of Indiana. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected. If I am a University employee (excluding designated leaders of the Activity), I do not consider participation in the activity within the course and scope of my employment with Manchester University. If I am a driver, driving my personal vehicle, I certify that I personally carry appropriate automobile liability insurance, which includes medical payments coverage.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**IF UNDER 18, THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE STUDENT CAN PARTICIPATE.**

I am the parent or guardian of the above named student. I have read and understand this Release, and agree to be bound by its terms.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## OFF-CAMPUS ACTIVITY WAIVER FORM

To be completed by all participants, including faculty, staff and guests  
(Excluding activity leaders for whom the activity is part of their employment).

Please print legibly or type

Describe off-campus Activity: Medical Practicum

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Activity 2-22 January 2012

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Course/Activity: NASC-310 Leader: Jeff Osborne

\_\_\_\_\_

MU Student ☐ Yes ☐ No

Names and phone numbers of 2 persons (not involved in this Activity) to contact in case of an emergency:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

The following health insurance information is requested in the event of an injury that requires immediate medical attention.

Insurance Company: \_\_\_\_\_

Policyholder (name of insured): \_\_\_\_\_

Policyholder Identification Number: \_\_\_\_\_

**ATTENTION: It is necessary for the participant (and parent or guardian, if the participant is under 18) to complete the Off-Campus Activity Assumption of Risk, Liability Release and Agreement Not to Sue form on the reverse side of this document before his/her application for the off-campus Activity can be considered for approval.**

**APPLICANT IS TO KEEP ONE COPY OF THIS FORM AS A RECORD**