

**HUTTON HONORS COLLEGE TRAVEL RELEASE FORM**  
**Waiver, Travel and Indemnification**

Student states that his/her acceptance of Hutton Honors College grant funds is wholly voluntary.

Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. Those risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.

Student states that s/he fully understands the above risks and that s/he agrees to assume the risks, including the risk of catastrophic injury or death.

Student states that, for and in consideration of acceptance of these grant funds, Student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, and agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the travel and experiences this grant helps to fund.

Student acknowledges that s/he has read, understood and will abide by each of the terms and conditions of this Agreement.

**NOTE: This statement must also be signed by a parent IF the grant recipient is a dependent student (i.e. claimed as a dependent on either parent's tax return).**

**Choice of Law**

The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Agreement shall be venued in Monroe County, Indiana and shall be governed by the laws of the State of Indiana.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Destination(s) \_\_\_\_\_

Check one:  I am an independent student, or  
 My parent's signature is provided below.

I hereby give my son/daughter named above permission to participate in this Hutton Honors College grant program. I have read the statement above and agree that I and my son/daughter understand and assume the risks associated with the travel and experiences this grant helps to fund, and that we will hold Indiana University, its Trustees, employees, and agents harmless, as stated above.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

Hutton Honors College, ATTN: Undergraduate Grants Program, Indiana University, 811 E. Seventh St., Bloomington, IN 47405, (812) 855-3555