INSTRUCTIONS

In order to participate in the JSSA Rock Climbing event on October 13, 2019, please read, sign, and date the attached waiver. Completed waivers can be submitted in person to the Borns Jewish Studies Program (GA 4004A) or may be signed and scanned/photographed and emailed to iujsp@indiana.edu. A completed waiver must be received by the Borns Jewish Studies Program no later than noon on Friday, October 11, 2019 to participate in this event.

Please submit the original signed waiver to JSSA programming director Taylor Paige Guba on the day of the event.

Questions can be directed to Taylor Paige Guba (tguba@indiana.edu) or the Borns Jewish Studies Program (iujsp@indiana.edu). Phone 812-855-0453.
Assumption of Risk and Release from Liability (“Agreement”)

The Robert A. and Sandra S. Borns Jewish Studies Program, on behalf of The Trustees of Indiana University (“IU”), is facilitating participation by interested students in a field trip on Sunday, October 13, 2019 with travel to and from IU Bloomington campus to Hoosier Heights, 1008 S. Rogers Street, Bloomington, IN 47403 (“Field Trip”).

I, _____________________________, wish to participate in the Field Trip. In consideration of the services to be rendered in organizing the Field Trip and in consideration of my participation in the Field Trip, I hereby agree to the following:

1. I understand that the University is not providing transportation for the Field Trip and that it is up to me whether I travel on my own and/or use my vehicle; or travel in a vehicle owned and/or driven by a friend, classmate or any other individual.

2. I understand activities for the Field Trip may include, but are not limited to, the following: travel to, from, and during the Field Trip (by car, taxi, bus, boat, or walking); physical activities (e.g., running, hiking, swimming, water sports, etc.); physical exertion such as lifting or moving heavy objects; spending extended periods of time outdoors being exposed to the elements (sun, wind, rain); consumption of food and/or beverage; and the following additional activities: rock climbing.

3. I understand that certain risks are inherent in travel and participation in the Field Trip. These risks may include, but are not limited to, such things as incidents related to outdoor adventure activities, including sprains, broken bones, cuts, bruises, entrapment, temporary or permanent disability, and/or death; transportation; driver error; adverse weather conditions; exposure to theft and other criminal activity; allergic reactions to food and drink items; other physical, mental, and emotional injury; other risks and dangers, whether known or unknown nor reasonably foreseeable; and the following additional risks: injuries resulting from falls, equipment failure, fire or other emergency, entanglement, falling or dropped items, or the negligence of other climbers.

4. I understand that some drivers of the vehicles in which I ride on this Field Trip, the owners, employees, officers or agents of any attraction, enterprise or vendor of which I take part or participate during the Field Trip, the staff/employees of any hotel at which I stay, the staff/employees of any site I may visit, the other participants of the Field Trip (whether associated with my group or not), and other third parties (collectively, “Third Parties”), are not the agents or employees of IU and that dangers may be caused by the negligent or intentional act(s) or omissions of such Third Parties. I understand that IU is not responsible for any injuries or property damage that may be caused by the acts or omissions of such Third Parties.

5. I understand that my participation in this Field Trip is entirely voluntary and at my own risk. I fully understand the scope of the activities and the potential risks involved in the Field Trip. I agree to assume the risks of my participation in the Field Trip, including the risk of catastrophic injury or death.

6. I understand and agree that IU does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property, and that IU strongly recommends that I carry my own health, medical, and property insurance for purposes of potential losses related to this Field Trip.
7. I fully understand that all IU 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 Field Trip. I understand that any violations of these policies and regulations may result in sanctions up to and including, in appropriate circumstances, referral to the Indiana University Police Department and/or the Office of Student Ethics for disciplinary action.

8. 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 or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my participation in the Field Trip to the fullest extent permitted by law.

9. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to this Field Trip that purports to establish the venue for any litigation arising from this Field Trip, I agree that I will file no action against IU or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Field Trip, in any court other than the Circuit Court of Monroe County, Indiana.

10. I authorize IU, acting through its agents, employees, or representatives, to take photograph, video, and/or audio recordings of me, including my name, image, likeness, performance, and/or voice (“Recordings”). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my participation in the Recordings or IU’s future use of the Recordings.

11. I have read this entire Agreement, 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 the Agreement.

Participant Name (Print): ____________________________________________________________

Participant Signature: ___________________________________ Date: ____________________

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

Parent/Guardian Name (Print): ______________________________________________________

Parent/Guardian Signature: __________________________________ Date: _______________