ANDERSON UNIVERSITY
WAIVER AND RELEASE FORM for NON-STUDENTS

NAME: ________________________________
(Full Name - Print)

ACTIVITY OR EVENT (Please include dates): ________________________________

EMERGENCY CONTACT

Name: ________________________________  Phone #: __________________________
(Full Name – Print)

LIST KNOWN ALLERGIES: ________________________________

ANY OTHER PROBLEMS OR DISEASES: ________________________________

SPECIAL MEDICATION: ________________________________

CAUTION: READ CAREFULLY BEFORE SIGNING:
THIS IS A FULL AND COMPLETE HEALTH RELEASE AND LIABILITY WAIVER.

1. I hereby represent and warrant that I am at least 18 years of age, that I am in good physical and mental health, and that I do not suffer from any mental or psychological condition or disability which might render my participation in the above activity or event, hazardous to myself, or to others, or would otherwise impair my ability to understand this health release, medical authorization, and liability waiver.

2. I acknowledge that I am voluntarily participating in the above activity or event with full and complete knowledge of the risks and dangers involved, and I agree to accept and assume any and all risks and dangers involved, and I agree to accept and assume any and all risks of any nature whatsoever, including without limitation, personal and/or emotional injury, illness, physical disability and death, and/or damage to personal property. In consideration of Anderson University allowing me to participate in the above activity or event, I do hereby agree to forever discharge, release, and agree to indemnify and hold harmless Anderson University from any and all liabilities, claims, demands, causes of action, damages, costs (including attorneys’ fees), expenses, and obligations of any nature whatsoever for any injuries, illnesses, disabilities, or death that I may sustain as a result of or are in any way connected to my participation in the activity or event. Further, I, for myself and for my heirs, personal representatives, executors, administrators, and anyone else who might make a claim on my behalf, hereby agree not to make any claim or commence or prosecute any action, suit, or other proceeding against Anderson University for any injuries, illnesses, disability, or death, whether caused by the negligence of Anderson
University or otherwise. Should Anderson University be made to defend any action or claim released herein, I agree to be responsible for all costs and damages incurred by Anderson University, including, but not limited to, attorneys’ fees incurred in defending any said claim and/or action.

3. I fully understand that the release, discharge, and agreement to indemnify Anderson University applies to Anderson University’s agents, officers and employees, and any other individuals associated with Anderson University.

4. I understand that this voluntary release, discharge, and agreement to indemnify applies to the above activity or event along with any transportation associated with the event (van, bus, train, airplane, etc.), including transportation provided by Anderson University. Further, this voluntary discharge and indemnification shall apply to the driving of my personal vehicle, or being the passenger in the personal vehicle of another individual, should I so choose.

5. I acknowledge and hereby agree to abide by the Anderson University rules and student code of conduct as stated in the Student Handbook. I agree that my ability to participate in the event or activity may be terminated if I engage in any act which violates the student code of conduct or demeans or disparages me, Anderson University, or others.

6. I further authorize Anderson University to treat me and do authorize reasonable and necessary medical care for me, including, but not limited to, any emergency surgical procedure or hospitalization if the same should become necessary.

7. I verify that I have had sufficient opportunity to read this health release, medical authorization, and liability waiver. I understand the terms, and I understand that I am giving up substantial rights by accepting it. I accept this health release, medical authorization, and liability release freely and voluntarily without any inducement, insurance or guarantee being made to me, and intend my acceptance to verify each of the above representations, warranties, and statements, and to be a complete and unconditional release of all liability to the greatest extent allowed by law.

____________________________________  Date____________________

______________________________
Signature

(Revised 1/18/2012)