**INDIANA WESLEYAN UNIVERSITY FUSION 2014**

**VOLUNTARY RELEASE FROM LIABILITY AND ASSUMPTION OF RISKS ("Release")**

IMPORTANT NOTICE: BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE INDIANA WESLEYAN UNIVERSITY (IWU). PLEASE READ CAREFULLY.

Name of Participant (please print): _____ Date of Birth: ____/____/_____
Phone Number: _____

Emergency Contact: _____ Relationship: _____
Phone Number: _____

**DISCLAIMER**

Indiana Wesleyan University, its officers, directors, employees, volunteers, members and representatives (hereafter referred to as "the University") are not responsible for any injury, loss, or damage sustained by any person, which may result from or be related to participating in FUSION 2014 and all associated activities (hereafter referred to as "Activities"), irrespective of the cause of such injury and whether such cause is alleged to be the fault of the University. Such Activities include, but are not limited to swimming, diving, artificial climbing wall, inflatable games, walley-ball, soccer, basketball, dodgeball, racquetball, carpetball, running, jumping, sliding, walking and use of related equipment.

**ASSUMPTION OF RISKS**

In consideration of my participation in these Activities, I acknowledge that I am aware of the risks of harm to myself and my property, both from known risks and unanticipated risks, while participating in or traveling to or from the Activities. I participate in the Activities willingly, voluntarily and in reliance, not upon the property, equipment, facilities and existing conditions furnished by the University or others, but upon my own judgment and ability, and I thereby assume all risk of loss, damage or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others.

---

These Activities involves inherent risks. These risks could result in bodily injury including burns, slips and falls, injury to muscles and joints, broken bones, head or neck injuries, lost wages, loss of services, emotional distress, sickness, drowning, disease, dismemberment, death and any other foreseen or unforeseen damages.

_____
INITIALS

---

**INDEMNIFICATION AND RELEASE OF LIABILITY**

In return for the University allowing me to voluntarily participate in these Activities, I agree:

1. TO FOREVER RELEASE, ACQUIT AND FOREVER DISCHARGE AND RELEASE THE UNIVERSITY, AND TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participating in the Activities, even though such risks may be alleged to have been caused by the actions, including negligence, of the University.

INITIALS _____

2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE which I might sustain while participating in the Activities, even though such injury, loss, or damage may have been alleged to have been caused by the actions of the University, including, but not limited to, negligence.

INITIALS _____

3. TO INDEMNIFY AND HOLD THE UNIVERSITY FREE AND HARMLESS from any claims, actions, causes of actions or demands of any kind asserted by the undersigned or by any third parties for any injuries or damages which may arise from participating in the Activities.

---

**PARTICIPANT DECLARATIONS**

I affirm that I have the requisite skills and abilities to safely participate in the Activities. I do hereby declare myself to be physically and mentally sound and suffering from no condition, impairment, disease or other illness that would prevent or inhibit my participation in these Activities. Any equipment I supply is in good condition, order, and repair, and is fit for and will be used for its intended purpose. If I believe that a materially unsafe condition exists, I will report the condition to an official, and cease participation in the activity until that condition is resolved. I certify that I have adequate insurance to cover injury or damage, including damage to or loss of personal items, that I may cause or suffer while participating in these Activities, or else I agree to bear the cost of such injury, damage or loss myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the opinion of a medical professional.

**ACKNOWLEDGMENT**

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives in the event of my death or incapacity.
In consideration that the participant is a Minor, this Release remains in full force and effect and that by signing this Release, I affirm that I am the legal guardian of the Minor and agree and consent to this Release on behalf of said Minor.

Signature of Participant (if 18 years of age or over)_____ Date_____

Printed Name of Guardian/Parent (if Participant is under 18 years of age)_____

Signature of Guardian/Parent (if Participant is under 18 years of age)_____

Fusion

# 2014 **REGISTRATION**

ALSO AVAILABLE ONLINE AT **INDWES.EDU/STUDENTMINISTRIES**

**THIS REGISTRATION IS FOR:** o **Student** o **Adult Sponsor** (CHECK ONE)

Name _____ o Male o Female

Address _____

City _____ State _____ Zip _____

Phone ( _____ ) _____

E-mail _____

High School _____ Graduation Year _____

---

Church/Group _____

Nickname _____

(please provide or create a name that will help us identify your group, e.g., *Surge, United, The Well*)

Contact Person _____

Daytime/Work ( ) _____ Mobile ( ) _____

E-mail _____

---

## GROUP OVERNIGHT HOUSING PLANS (CHECK ONE)

o On Campus (Students and sponsors stay with IWU student hosts in residence halls. Remember to bring a sleeping bag and pillow.)

Roommate preference _____

o Other/Area Hotel (Sponsor must make own arrangements for group. See website for listing.)

---

**PLEASE NOTE**

- STUDENTS MUST BE ACCOMPANIED BY AN ADULT SPONSOR. There must be one male sponsor for every 10 male students and one female sponsor for every 10 female students.
- Please copy this form, as needed, for additional registrations. Submit registrations as a group. Online registrations are preferred.
- Groups must submit forms together to be housed together. All housing assignments will be final upon check-in.
- Cost is $50 per registration. Please make individual checks payable to your Church/Organization. Group Leaders will submit one final payment for the group to Indiana Wesleyan University.
- March 24, 2014 is the registration deadline.

INDIANA WESLEYAN UNIVERSITY

**STUDENT MINISTRIES**
4201 SOUTH WASHINGTON STREET
MARION, INDIANA 46953-4974
INDWES.EDU

QUESTIONS? 866-468-6498 EXT. 6507 / 765-677-6507 / STUDENT.MINISTRIES@INDWES.EDU

**THE RELEASE OF LIABILITY FORM ON THE REVERSE SIDE MUST BE COMPLETED**