

# FUSION 2019

## RELEASE OF LEGAL CLAIMS AND ASSUMPTION OF RISK

*\*Please read and understand before signing.*

Name of Participant (please print) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Fusion Conference programming at Indiana Wesleyan University (“IWU” or “University”) includes numerous activities (“Activities”) to engage participants. These Activities include, but are not limited to the following: inflatables, walley-ball, soccer, 3-on-3 basketball, Archery Tag, Octoball (Gaga Ball), 9 Square in the Air, dodge ball, board games, ping pong, foosball, carpet-ball, Globe Theatre movies, McConn Coffee Company, climbing wall, and game show with prizes. These activities are completely voluntary.

**Risks of Participating.** While every effort is made to provide safe Activities, risks, both known and unknown, foreseeable and unforeseeable, may be present. These risks may include, but are not limited to collisions with other participants; possible exposure to harmful plants, insects, and animals; exhaustion/fatigue; head (including concussions), neck, and spine injuries (including paralysis); slips, trips, and falls; injuries to muscles, joints, ligaments, tendons, and bones; abrasions, contusions, and lacerations; lost wages and services; cardiovascular complications; loss of limbs; and, loss of life. Water-based activities add the risk of drowning as well. I am aware of these risks and I fully accept them. I also acknowledge that participation in these Activities is voluntary and that I may opt out of any activity at any time.

**What I’m Giving Up.** In consideration of being able to voluntarily participate in the Activities, if I suffer any injury or damages, I release, or give up, any legal claim, including negligence, that I might have against the following for their conduct: Indiana Wesleyan University, its Board of Trustees, officers, employees, agents, and volunteers. If any of these entities is sued or has to pay anyone else because of my conduct, I will reimburse them for their legal costs, fees, and payments. This release is binding on my legal representatives or anyone who tries to claim through me.

**My Health; Permission to get Medical Help.** I am not aware of any health condition of mine that could get worse by participating in the Activities. If I am not able to give consent to medical treatment, I authorize IWU’s staff to get emergency medical treatment for me, knowing I am responsible for paying all costs of medical care.

**Use of Image.** I understand that images may be taken of me engaging in the Activities. I give consent for IWU to use these images for promotional purposes, knowing that the images become the property of IWU and may be used without obtaining further consent.

**My Understanding of This Release.** I have read this release, I have been given time to ask questions regarding its terms, I understand it, and I sign it freely.

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) \_\_\_\_\_

