Assumption of Risk and Release from Liability ("Agreement")  
Transportation Liability Form  
(For students riding in vehicles driven by adults during the IU Summer Music Clinic)

I, ____________________________________________, state and affirm the following:

1. I have requested and/or wish to ride a personal vehicle driven by _______________________________ (who is 18 or over) during the Indiana University Summer Music Clinic, June 13th-20th, 2015.

2. I understand that the driver(s) of the vehicle ("Third Parties"), are not the agents or employees of IU and that IU is not responsible for any injuries that may be caused by the negligent or intentional act(s) or omissions of such Third Parties.

3. I understand that certain risks are inherent in travel and that I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to transportation; driver error; adverse weather conditions; theft and/or other criminal activity; other physical, mental, and emotional injury; and other risks and dangers whether known or unknown nor reasonably foreseeable.

4. I understand that my decision to travel a personal vehicle is entirely voluntary and at my own risk. I fully understand the potential risks associated with this travel, and I agree to assume the risks of my participation in this travel, including the risk of catastrophic injury or death.

5. 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 Trip.

6. 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, including all liability for damage to personal property, personal injury or loss which may result from my participation in this travel, whether caused by negligence or otherwise, to the fullest extent permitted by law.

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

8. 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.

Printed Name: ____________________________________________

Parent/Guardian Signature: ____________________________________ Date _____________