

## Waiver of Liability, Assumption of Risk and Indemnity Agreement – Family

**Assumption of Risks:** By signing this waiver of liability, assumption of risk, and indemnity agreement (the “Agreement,”) I , a “Participant” in the Global Jags Connect Program (the “Program”), acknowledge that I am aware that participation in the Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may vary depending on the activity in which I am participating. I understand that Indiana University’s (“IU” or “University”) role in the Program is strictly limited to facilitating matchups of Program Participants and that IU makes no representations that it has conducted any kind of background checks or other assessment of the suitability of Program Participants, host families, or any other individual involved in the Program. I also acknowledge that IU makes no representations as to the safety or suitability of any Program activities in which I may be invited to participate, nor will IU make any other efforts to ensure my safety related to my participation in the Program. It is the responsibility of the Program Participant to conduct any and all due diligence on individuals associated with the Program, including other Participants, and on any proposed activities that I or another Participant may wish to participate in. I have read the statements above and I know, understand, and appreciate these and other risks that are inherent in the Program and associated activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Waiver:** In consideration of being permitted to participate in the Program and all activities incidental thereto however they may occur and for whatever period said activity may continue (herein after referred to as an “Activity”), I, for myself, for my heirs, personal representatives and/or assigns, do hereby release, waive, discharge, and covenant not to sue or hold liable The Trustees of Indiana University or its Board of Trustees, officers, directors, employees, agents, volunteers, members and assigns (individually a “Party” or, collectively, “Parties”) for any and all damages I may suffer, including those from personal injury, accidents or illnesses (including death), and property loss, regardless of fault, arising from or related to my participation in the Program.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold harmless all Parties from any liability, actions, causes of action, claims, or demands of any nature whatsoever I may have as a result of any personal injury, property damage, permanent disability, or death that I may suffer in connection with my participation in the Program.

**Severability:** I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I hereby certify that I am at least eighteen (18) years of age and that I have read and understand the terms of this Agreement. I understand that by signing below, I am relinquishing substantial legal rights, including the possibility of recovery for property damage and personal injury, whether or not such injury results from the inherent risks of the Activity or the ordinary negligence of the Parties. After carefully reading the Agreement, I am executing this Waiver and Release of Liability of my own free will, on behalf of myself, and my heirs, personal representatives, and/or assigns. I hereby release and discharge the Parties from any and all liability, actions,

causes of action, claims, or demands of any kind whatsoever from my participation in this Program. *Please have each adult in your household sign this waiver. An adult signature also represents agreement with the terms of this document on behalf of any dependent minor children who live in the household.*

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Name of Family Member	Signature	Date
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Name of Family Member	Signature	Date
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Name of Family Member	Signature	Date
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