



Participant	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>

**Event Participation Waiver  
(To process, form must be complete. Please print.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Would you like to be added to our email database for future RHISP events and volunteer opportunities? Yes  No

***WAIVER, RELEASE, AND CONSENT TO MEDICAL ATTENTION***

In exchange for my being allowed to participate as a volunteer in the RHI Sports Program (“Program”), I, and if I am not 18 years, old my parent or legal guardian, agree to be bound by each of the following:

1. Identification of Risks. I understand that participation in the Program may involve risk of injury, disability or death.
2. Assumption of Risks. I assume all risks connected with my participation in the Program. I accept personal responsibility of any liability, injury, loss or damage in any way connected with my participation in the Program.
3. Waiver of Release. I release and discharge RHI and Program, and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Program. I acknowledge that the Program is not liable for injury arising out of participation in the activities, even if caused by the ordinary negligence or otherwise of RHI and Program, and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue and legal action or claim for such liability, injury, loss or damage.
4. Consent for Medical Treatment. I agree that RHI and Program may, but have not duty to provide me, through medical personnel of their choice, medical assistance, transportation, and emergency medical services.
5. Hold Harmless. I agree to indemnify and hold harmless RHI and Program for all claims arising out of my participation in the activities.
6. Health and Lack of Impairment. I, or my parent/legal guardian, represent that, to my/their knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in volunteer activities.

**I understand this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Indiana and agree that if any portion of the agreement is invalid, the remainder will continue in full legal force and effect.**

**I HAVE READ THIS WAIVER, RELEASE, AND CONSENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name if volunteer is under 18: \_\_\_\_\_ Cell or Home # \_\_\_\_\_

**CONSENT TO PHOTOGRAPH, RECORD AND/OR ILLUSTRATE**

- I hereby grant permission to Rehabilitation Hospital of Indiana and the Program to use photographs and/or video of me, my child, or legal guardian taken at Program events in publications, news releases, online, and [social media](#), in other communications related to the Program.

**With regard to the above selections, I restrict such procedures as follows:**

Signature of participant (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Relationship to Participant: (if under 18) \_\_\_\_\_