Students Traveling Separately From Team
Waiver, Release and Indemnification Agreement

Student-Athlete Name:_____ **Team:** _____

On the following dates of officially scheduled team travel, I will not travel with the team:

_____

Details of my personal travel plans are: (e.g., dates involved; transportation mode and with who; lodging and accommodations)

_____

_____

In consideration of the University allowing me not to travel with the team on the dates specified above, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, release, acquit and forever discharge the University and its employees, agents, officers, trustees, students and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University's own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney's fees, that occur during, result from, arise out of or relate to my decision not to travel with the team or any of my personal travel on the dates specified above.
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees, students and representatives (in their official and individual capacities) from any and all liability, loss or damage directly or indirectly associated with any claims, demands, actions, causes of action, judgments, costs, expenses and/or attorneys fees, that occur during, result from, arise out of or relate to my decision not to travel with the team or any of my personal travel on the dates specified above.
3. I agree that this Travel Waiver, Release and Indemnification Agreement is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by the laws of the State of Indiana. If any portion hereof is held invalid, I agree that the balance hereof shall, notwithstanding, continue in full legal force and effect. I agree that exclusive jurisdiction concerning this Travel Waiver, Release and Indemnification Agreement shall be in the Superior Court of St. Joseph County, Indiana or in the U.S. District Court for the Northern District of Indiana.
4. By signing this Travel Waiver, Release and Indemnification Agreement, I acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights, that it is a binding agreement, and that I have signed it knowingly and voluntarily.
5. Approval to leave the team for this purpose has been granted to me by the head coach of the varsity sport in which I participate.

_____	_____	_____
Student-Athlete Name (printed)	Student-Athlete Signature	Date
_____	_____	_____
Parent or Guardian Name (printed)	Parent or Guardian Signature	Date

(*Parent/guardian name/signature only needed if the student-athlete is under 18 years of age)

APPROVAL: _____ _____

Head Coach Athletics Business Office