



**DONOR HERO CAMP
ACKNOWLEDGEMENT AND LIABILITY RELEASE FORM**

_____ (name of camper) ("Camper") is participating in Donor Hero Camp (the "Activity"), a program held at Bradford Woods outdoor facility ("Facility") and hosted by Indiana Donor Network, with funding provided by Indiana Donor Network Foundation (collectively, "Indiana Donor Network").

By signing this Acknowledgement and Liability Release Form, Camper acknowledges and agrees as follows:

- The Activity may include, but is not limited to, the following potentially hazardous activities: ground-based initiatives, individual and group challenge activities, low, intermediate and high ropes courses, hiking, camping, backpacking, caving, canoeing, other water-based activities, fishing, archery, arts and crafts, environmental nature studies, transportation to and from activity sites and any and all other activities included in a summer camp-type setting. The inherent risks of these activities include the following: personal injury, property damage, illness, or death. I understand that Indiana Donor Network does not require that I participate in the Activity or any part thereof.
- Recognizing the potentially hazardous nature of the elective Activity, I hereby forever release and fully discharge Indiana Donor Network, including its officers, agents, and employees, from any and all claims or causes of action that may be brought by me, my child, or any other person (including but not limited to my estate, family, successors, heirs, representatives, administrators and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or relating to Camper's participation in the Activity, whether caused by Facility or Indiana Donor Network's negligence or otherwise, to the fullest extent permitted by law. I further agree to hold harmless and indemnify Indiana Donor Network and their agents for all defense costs, including attorneys' fees, and any other costs arising in connection with Camper's participation in the Activity.
- I understand this release also relates to all claims and liability resulting during or after the Activity arising from a pre-existing medical condition. I have read and completed the medical history form provided by Facility and accept full responsibility for omissions or errors on the medical history form.
- I further understand this release relates to all claims and liability resulting from unforeseen or intemperate weather. I have read the clothing list provided by Facility and I accept full responsibility for inadequate clothing for Camper provided by me or for those items which I fail to provide for Camper.
- MEDIA RELEASE: Camper grants Indiana Donor Network permission to use my name, information, images, and/or recordings of me taken during the Activity for education, public relations or other purposes. If this form is being signed by Camper's legal guardian, that legal guardian grants the same permission for him/her/their self.

I have read this entire "Acknowledgement and Liability Release Form" and fully understand the contents. My signature indicates that I have satisfied any questions or concerns regarding the Activity by talking with a representative of Facility and/or Indiana Donor Network and that I agree to the above terms.

I understand that if Camper is under the age of 18, a legal guardian signature is required.

Signature: _____

Date: _____