



Kelley Indianapolis Cares Informed Consent Form

I hereby acknowledge that participation in the _____ is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so.

I understand that certain risks are inherent in any service activity and I fully accept all risks associated with my voluntary participation in this event. **These risks may include but are not limited to such things as incidents related to transportation, driver error (including my own), exposure to paint or chemicals, injuries from lifting or moving objects, exposure to adverse environmental conditions (cold temperatures, poison ivy, etc.), exposure to criminal activity and other risks normally associated with travel to and from the service site, including catastrophic injury or death.**

I understand that I am required to provide my own health and accident insurance. Neither the Trustees of Indiana University nor Kelley Indianapolis Cares is responsible for any medical or legal expenses that may result from any injury or illness sustained while participating in community service/service learning.

I hereby authorize the use and reproduction, without compensation to me, of all photographs taken during this event for the purpose of promoting service activities.

Please complete

Participant's name:	Signature:
Address:	Phone:
Date:	Email address:

Emergency Contact Information

Name	Relationship:
Phone:	

Please circle only one:

Student Faculty Staff Guest

Please circle

Do you want to be added to the volunteer listserv and receive emails? YES or NO