



MEDICAL HISTORY AND RELEASE

Participant Name _____
FIRST NAME MIDDLE NAME LAST NAME (AS ON PASSPORT)

Emergency Contact Information (All participants must complete this section of the form.)

Name _____

Relationship to Participant _____

Phone _____ Alternate Phone _____

Street Address _____

City _____ State/Province _____ Country _____

Email Address _____

Participant Medical History

All participants must complete this section of the form. If one does not apply to you, please list "none."

Birth Date _____ Age _____ Date of Last Tetanus Toxoid _____

Blood Type _____ Height _____ Weight _____

Do you smoke? Yes No

Past Health Concerns/Injuries _____

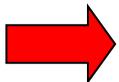
Present Health Conditions _____

Allergic Reactions _____

Present Medications (Name, Dosage, Reason for Taking) _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e., injuries, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.)

I hereby agree that the information provided above is true to my knowledge.



PARTICIPANT SIGNATURE

DATE

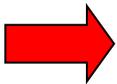


ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

WHEREAS, The Trustees of Indiana University, through its Kelley School of Business, department of **Institute for International Business** is arranging field trips in **Indiana** for the purpose of: **business and U.S. cultural education** throughout the **Global Business Institute** from **June 22 – July 19, 2014** and WHEREAS, I, _____, wish to participate in the Field Trips, and Participant Name

NOW THEREFORE, in consideration of University's services rendered and services to be rendered in organizing the Field Trip and in consideration of my participation in the Field Trip, I hereby:

1. State that I understand that certain risks are inherent in travel and that I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to transportation, adverse weather conditions, and other physical, mental, and emotional injury;
2. State that I understand that certain risks are inherent in participation in field trips, and that I fully accept those risks. These risks may include, but are not limited to, such things as exposure to adverse weather conditions, sprains, broken bones, cuts, bruises, entrapment, and other physical, mental, and emotional injury;
3. State that I fully understand the risks and the scope of the activities involved in the Field Trip, and I agree to assume the risks of my participation in the Field Trip, including the risk of catastrophic injury or death;
4. Release and fully discharge The Trustees of Indiana University, its officers, agents and employees, from all liability in connection with my participation in the Field Trip, for or on account of any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or effects owned by me.



PARTICIPANT SIGNATURE: _____

DATE: _____



GBI PHOTO COMPOSITE

The GBI Photo Composite is a publication that will include photographs and biographical information about each participant.

Name _____
FIRST NAME MIDDLE NAME LAST NAME (AS INDICATED ON PASSPORT)

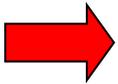
Preferred Name (If different than above) _____

Hometown (City, Country) _____

Academic Institution _____ Major/Concentration _____

Personal Interests or Hobbies (list up to four)

I give permission for my photo and biographical information to be included in the GBI Photo Composite



PARTICIPANT SIGNATURE

DATE

Example

Name Mohamed Raafat El Habiby
FIRST NAME MIDDLE NAME LAST NAME (AS INDICATED ON PASSPORT)

Preferred Name (If different than given surname) Mohamed Raafat

Hometown (City, Country) Alexandria, Egypt

Academic Institution Ain Shams University Major/Concentration Engineering

Personal Interests or Hobbies (list up to four)

Swimming

Reading

Hiking

Football

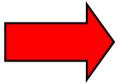


PHOTO AND VIDEO RELEASE

Participant Name _____
FIRST NAME MIDDLE NAME LAST NAME (AS INDICATED ON PASSPORT)

I hereby grant to Indiana University the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or videotaped images of the undersigned student for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's student newspaper, alumni/ae magazine, on the university's Web site, and public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to me (the undersigned). All electronic or non-electronic negatives, positives, and prints are owned by the university.

I hereby acknowledge that I have read and understand the terms of this release.



PARTICIPANT SIGNATURE

DATE



ADDITIONAL INFORMATION

Participant Name _____
FIRST NAME MIDDLE NAME LAST NAME (AS INDICATED ON PASSPORT)

Dietary Preferences, Allergies and Restrictions (Please check all that apply)

No Fish Vegetarian Halal

Dairy-Free (Lactose Intolerant)

Other _____

Check here if you have special needs that might require accommodations to fully participate in the program. A staff member will contact you.

T-Shirt Size (American t-shirt sizes are typically one size larger. For example, if you normally wear a large indicate medium below)

Extra Small Small Medium Large Extra Large Extra Extra Large



***Bradford Woods--Indiana University's Outdoor Center
Participation Agreement***

Program Name: Global Business Institute

Program Dates: June 25, 2014

Please fill out this form thoroughly. We will use the information provided to plan a safe and enjoyable experience. This also serves as a helpful reminder to you of physical precautions and care you may need to take because of previous injuries and other physical conditions you may have. Any information disclosed on this form will remain confidential.

Participant Information:

Name _____ Male Female
Address _____ Date of Birth ____/____/____
City _____ State _____ Zip _____ Phone (____) _____

In Case of Emergency:

Notify (Name): _____ Relationship to participant _____
Address _____ Phone (____) _____
Name of Physician _____ Phone (____) _____
Physician's
Address _____
Insurance Company _____ Policy Number _____

Medical Information:

Blood Type _____ Height _____ Weight _____ Allergies _____
Describe allergic reaction: _____

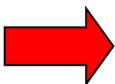
Specific Dietary needs: _____

Current medications (name, dosage, reason for taking): _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e., injuries, medical diagnosis, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.)

Medical Services Permission Release

During the participation in a Bradford Woods' program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for the individual. *I hereby agree that the MEDICAL HISTORY provided above is true to my knowledge. I declare that I have read and understand the contents of this MEDICAL SERVICES PERMISSION and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.*



Participant Signature (Legal guardian's signature if participant is under 18) **Date** _____



Global Release

Program Name: Global Business Institute

Program Dates: June 25, 2014

Indiana University, through its Bradford Woods programs (hereinafter referred to as University), manages and conducts adventure and outdoor based programs consisting of but not limited to: 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, service projects, transportation to and from activity sites and all other activities. These activities are supervised by University staff, interns, and school personnel.

Although novice skills will be taught and supervised by competent and experienced adult leaders, there is some degree of risk involved in the various activities and the ultimate safety of each participant will depend on the participants willingness to listen and to abide by the instructions, rules, and regulations given throughout the program.

The safety and well-being of each participant is of paramount importance to Bradford Woods and the professional staff, employees, and trustees of Indiana University. All reasonable care and precautions are taken to ensure a fun educational experience. The following "acknowledgment, assumption of risk and release of claims" is both a requirement of insurance coverage and an important reminder to you as a parent / guardian or participant to be sure that you or your child is properly prepared.

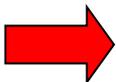
Acknowledgement, Assumption of Risks and Release of Claims Release

I, or my child desire to participate in the program specified above. I understand the program offered through Bradford Woods will take place in a wilderness environment and may include, but is not limited to, the following potential 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 all other activities. **The inherent risks of these activities include the following: personal injury, property damage, illness, or death.**

I understand that Bradford Woods does not require that I participate in the above-mentioned program. **In recognition of the potentially hazardous nature of the elective program, I, or my child, my heirs and assigns, hereby release Bradford Woods and the professional staff, employees, the trustees of Indiana University, and its agents from all claims of negligence arising from participation in the program. I further agree to hold harmless and indemnify Bradford Woods and the professional staff, employees, the trustees of Indiana University, and its agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this program.**

I understand that this release relates to all claims and liability during and after the program resulting from a pre-existing medical condition. I have read and completed the medical history form provided by Bradford Woods and accept full responsibility for omissions or errors on the medical history form. I also understand that this release relates to all claims and liability resulting from unforeseen or intemperate weather. I have read the clothing list provided by Bradford Woods and accept full responsibility for inadequate clothing provided by me or those items which I fail to provide.

I have read this entire "acknowledgement and assumption of risk and release of claims" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns regarding the above-mentioned program by talking with a representative of Bradford Woods.

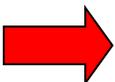


Participant Signature (Legal guardian's signature if participant is under 18) **Date**

Photographic Release

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of myself or my son or daughter. I grant the university permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the internet, or in any other manner deemed necessary.

I declare that I have read and understand the contents of this PHOTOGRAPHIC RELEASE, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.



Participant Signature (Legal guardian's signature if participant is under 18) **Date**