

Kiwanis

Indiana District

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CONSENT AND RELEASE OF LIABILITY FOR TRANSPORTATION OR RELATED SERVICES

The Kiwanis Club of _____, an Indiana not-for-profit corporation, partners with Indiana University Health, Inc. -Riley Hospital for Children to provide transportation for Riley Families in need of such assistance. By signing below, you acknowledge your understanding, agreement and consent for you or a family member to be transported to medical appointments or other related activities by a Kiwanis Club volunteer.

Kiwanis Club of _____ makes no representations or warranties regarding the transportation services provided, and, by accepting such services, the undersigned agrees to assume all risks of the transportation service.

In consideration of this accommodation, I release and hold the _____ Kiwanis Club, Indiana University Health, Inc. -Riley Hospital for Children and Riley Children’s Foundation harmless from any and all rights or causes of action that might arise as a result of my transportation and/or participation in this Kiwanis Club sponsored activity.

Participant

Date

Parent or Guardian if Participant is a minor

Date

