

## NADI Waiver of Liability and Hold Harmless Agreement

**I. Assumption of Risk and Release from Liability.** I am fully aware of the risks and hazards connected with participation in the organization's off-campus activity, including risks of negligent or criminal acts of third parties. I understand and do hereby agree that North American Disease Intervention, Rutgers University, its officers, members, and representatives shall not be liable for any claims, demands or causes of action based upon or arising out of any illness or injury (including death), property loss or damage, deviation, delay or curtailment, however caused, which I may suffer in connection with my participation in this off-campus activity.

**II. Consent to Emergency Medical Treatment.** I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. Therefore, in the event of injury or illness to myself necessitating emergency medical care, I hereby authorize North American Disease Intervention, by and through its authorized representative(s) or agent(s), to secure any necessary treatment. It is understood that such treatment shall be solely at my expense.

**III. Indemnification.** I understand and do hereby agree to indemnify and hold harmless North American Disease Intervention, its officers, members, and representatives from any and all claims, demands, causes of action and all expenses incidental thereto (including reasonable attorney's fees), based upon or arising out of any personal injury (including death) or property damage or loss caused by or resulting from my acts or omissions during participation in this academic off-campus activity.

**IV. Use of Personally Owned Vehicles for Transportation.** Personally owned vehicles and the drivers of such vehicles used for this academic field trip and/or other academic off-campus activity shall meet the following conditions: hold a current valid driver's license; be properly and legally insured with collision or comprehensive coverage and liability coverage in accordance with the laws of the state in which the car is registered; the vehicle is properly registered and inspected; and appropriate for such use, as determined by the owner/driver of the vehicle who is responsible for the vehicle and its use. I understand that as driver or passenger, I am responsible for ensuring that the vehicle that I will use for this off-campus activity meets these above mentioned conditions. I understand that the driver/owner's auto insurance is responsible for third party liability including liability for injuries to passengers in the vehicle. I understand that I or the driver/owner is responsible for paying any and all deductible and/or co-pays associated with any accident that occurs while participating in this off-campus activity. The University provides no physical damage coverage (collision or comprehensive) or liability coverage for non-University vehicles or its passengers, even when such vehicles and passengers are used for or participating in student organization related activities, such as these off-campus events.

**V. Event Etiquette Agreement.** Wear appropriate attire at screenings. This includes the NADI polo shirt and NO sweatpants, short skirts, open toed shoes, etc. Bring your personal blood pressure kit with your name written on it. Maintain a professional attitude and discourse throughout the event and avoid using profane and inappropriate language. Food and drinks are not allowed, except for a water bottle. Each member should help E-board members set up and clean up, before and after the event. Engage with the patients in a respectful and comforting manner.

**VI. Attendance policy.** Attached. Signature below confirms receipt and understanding of "NADI Member Attendance and Conduct Policies" document.

**VII. Photography policy.** I, hereby grant permission to NADI to reproduce any portion of the photo images that have been taken at a NADI event for the purpose of self use and or self promotion publications which can include but is not limited to, books, cards, calendars, invitations, and websites without any compensation or recognition given to me. Furthermore, I grant creative permission to alter the photographs.

**VIII. Research Usage.** NADI uses the accumulated, anonymous data from medical workshops and medical tables to perform statistical analyses for research studies. All data is always anonymous and used purely for research purposes. At Rutgers University or other laboratory areas, we will conduct statistical analysis to find correlations between different variables and hopefully shed light on the impact of blood pressure and blood glucose fluctuations.



**STUDENT INFORMATION**

Student Name, Printed: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Student Signature: \_\_\_\_\_  
Telephone (Cell): \_\_\_\_\_  
Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_  
Telephone (Cell): \_\_\_\_\_

**HEALTH INFORMATION**

Health Insurance Provider: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Insurance ID Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Health Conditions/Medications/Allergies: \_\_\_\_\_