

Cyber Academy Visitor Form

All visitors must complete this form or admittance will be refused.

Visitor Name:	Phone:
Student Name:	Phone:
Room #:	
Arrival Time:	
Departure Time:	
<p>Indemnification and Hold Harmless: In further consideration of my being permitted to participate in the Cyber Academy Program, I, for myself and for my executors, personal representative, heirs and assigns, hereby assume full responsibility for the risks, foreseen and unforeseen, of property damage, injuries, or death to myself or to others arising out of my participation. I agree to indemnify and hold harmless the Released Parties from all claims, demands, damages, costs, expenses, actions and causes of action, present or future, including but not limited to costs of medication treatment and reasonable attorneys' fees, that may accrue to any person or entity as a result of any property damage, injuries, or death unless permitted under the State Tort Claims Act.</p>	
<p>Waiver of Liability: In consideration of being permitted to participate in the dorm, I hereby release, discharge, and agree to hold harmless the Muscatatuck Urban Training Center, Indiana National Guard, Indiana Adjutant General's Office and Ivy Tech, including their officers, agents, advisors, or their executors, administrators, heirs or assigns (the "Released Parties") from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, to my person or property caused in whole or in part by the active or passive negligence of the Released Parties, arising out of or in connection with my participation. I intend for this release and indemnity agreement to protect the Released Parties from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, of my executors, personal representatives, heirs and assigns, or any other person or entity, on account of injuries to my person or property, including injuries resulting in my death. I also recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that I might sustain due to the intentional or negligent acts or omissions of any other person participating at the Muscatatuck Training Center except what is permitted under the State Tort Claims Act. I hereby grant full permission to any and all of the Cyber Academy Representatives to use any photographs, motion pictures, recordings, or any other record of the Program for any legitimate purpose including advertising, without monetary payment to me.</p>	
<p>Any person in violation of MUTC and Cyber Academy rules and regulations or code of conduct, or laws, statutes, or ordinances will be required to leave the property. This includes disorderly conduct and being a public nuisance. The Cyber Academy RA and MUTC/Cyber Academy staff have the authority to order such removal.</p>	
<p>By signing below, I agree to follow all rules, regulations, codes of conduct, laws, statutes, and ordinances in affect at the Cyber Academy. I also agree to the above statements of Indemnification and Hold Harmless as well as the Waiver of Liability.</p>	
Visitor Signature:	
RA Signature:	
<p>Visiting Hours: Monday-Sunday 7am-11pm Note: Visiting hours are dependent on unit training exercises and at the discretion of MUTC. Visitors must show picture ID to be admitted to Cyber Academy. MUTC holds the right to deny access to any visitor at any time.</p>	