

### Indiana Medical History Museum Ticket Agreement

In consideration of attending this event at the Indiana Medical History Museum ("Museum"), I hereby agree to the following:

1. I understand that if I am acquiring a ticket on behalf of another individual for this event, I will either ensure the individual has submitted their own ticket agreement, which can be found at <https://www.imhm.org>, or I will be liable for any and all legal claims made by that individual regarding this event.
2. I understand and acknowledge that the Museum is a historic building and, as such, may present certain risks. Many events at the Museum are held in a space with steep and uneven steps. I acknowledge that these and other features of the building that houses the Museum may be hazardous to me. I understand and assume these risks and any other risks in the Museum or on its grounds.
3. I agree to release the Museum and any of its employees, volunteers, agents, representatives, and board members (hereinafter, the "Staff") from any liability and any damage I may suffer, even if that damage is caused by the negligence or omission of the Museum and its Staff or by the acts and omissions of a third party.
4. I agree that my estate, family, successors, heirs, representatives, administrators, and/or assigns shall also not sue on my behalf.
5. This Agreement shall be governed by and construed under the laws of the State of Indiana.
6. I authorize the Museum, acting through its Staff, to take photograph, video, and/or audio recordings of me, including my name, image, likeness, performance, and/or voice (hereinafter, the "Recordings"). I also grant the Museum an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by the Museum, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that the Museum will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I do not expect to receive compensation for participating in the Recordings or for any future use of the Recordings. I release and fully discharge the Museum and its Staff from any claim, damages, or liability arising from or related to my participation in the Recordings.
7. **I have read this entire Agreement, I fully understand it, and I agree to be bound by it.** I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has also signed the Agreement.

Participant Name (Print): \_\_\_\_\_ Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Participant is under 18 years old, his/her parent or guardian must sign below.**

Parent/Guardian Name (Print): \_\_\_\_\_ Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_