



**INDIANA DEPARTMENT OF HEALTH
RELEASE FROM LIABILITY FOR
NON-EMPLOYEE PASSENGER IN STATE VEHICLE**

State Form 50188 (R / 7-23)

I hereby release, waive, and forever discharge the State of Indiana, Indiana Department of Health, agents, officers, and employees from all liability (including every claim, demand, action or right of action, of whatever kind or nature, either in law or equity) to myself, my personal representatives, assigns, heirs and next of kin for all loss or damage by reason of injury to person or property, either caused by negligence of releasees or otherwise, resulting from being a passenger in a state car on the day(s) of _____ . While on the above mentioned trip, I assume full responsibility for risk of bodily injury, known or unknown death or property damage whether due to negligence of releasees or not. This release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and if any portion hereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Nothing in this waiver is intended to preclude a state employee who is injured while in official travel status from recovering under the Workman's Compensation Act.

I have carefully read this document, understand the contents and being under no duress or undue influence, sign as my own free act.

(Name)

(Date)