*[Year Waiver Is Covering]*

**Waiver and Release Form**

**PLEASE READ THIS FORM CAREFULLY.** It is a legal document and it affects any rights you may have if you are injured or otherwise suffer damages while participating in the ***{EVENT}*** on ***{DATE}*** at the ***{LOCATION}***. This event is sponsored by ***{ORGANIZATION}***, a recognized ***{CLUB, ORGANIZATION or EVENT}*** by the University of Northern Iowa (UNI).

1. I understand that there are inherent risks associated with **{ACTIVITY}** that cannot be eliminated regardless of the care taken to avoid injuries. These risks and injuries include, but are not limited to: **{EXPLAIN INHERENT RISKS AND COMMON INJURIES HERE}**. I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of my participation in this activity.
2. I, for myself, my heirs, personal representatives or assigns, hereby assume the risk of my participation in the specified activities above and voluntarily release from liability, waive, discharge and covenant to not sue the **{ORGANIZATION}**; University of Northern Iowa; Iowa Board of Regents, State of Iowa; and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as releases) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the specified activities. I hereby further agree that this participant agreement shall be construed in accordance with the laws of the State of Iowa.
3. I further agree to indemnify and hold harmless the releases (UNI, Iowa Board of Regents, State of Iowa; State of Iowa and any of the officers, servants, agents and employees of the above-mentioned entities) whether injury is caused by my negligence, the negligence of the releases or the negligence of any third party.
4. If an injury or other medical condition occurs or arises, I hereby give permission to the UNI representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests. In an emergency situation, I give permission for an UNI representative to contact the individual(s) that I have listed under Medical Emergency Contact Information. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the UNI representative to secure and administer treatment for me, including hospitalization**. I understand that University of Northern Iowa does not provide health or accident medical insurance for participants in campus/student organization activities.**

**BY SIGNING THIS PARTICIPATION AGREEMENT, I STATE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS SET FORTH HEREIN AND THAT I SIGN THIS FORM FREELY AND VOLUNTARILY.**  ***\*If Participant is under 18 years of age, the Participant’s parent/guardian must sign this Agreement.***

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| --- | --- | --- | --- | --- | --- |
| **Participant Name (please print)** | **Date of Birth** | **Participant Signature** | **Phone Number** | **Parent/Guardian Name (please print) \*If applicable** | **Parent/Guardian Signature \*If applicable** |
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