

*Upper Iowa University*  
*Authorization to Participate & Waiver, Release, and Indemnification Form*

Activity/Event \_\_\_\_\_ Date(s) of Activity/Event: \_\_\_\_\_

As a participant in Upper Iowa University's educational programs, I recognize and acknowledge that there are risks of physical injury while traveling to and from a scheduled off-campus activity. I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such a course or program.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Authorization to Participate and Waiver, Release, and Indemnification Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A. I agree to waive and relinquish all claims I may have as a result of participating in the Upper Iowa University educational or activities course/program against its trustees, officers, agents, administrators, faculty, employees, and volunteers;

B. I do hereby release Upper Iowa University and its trustees, officer, agents, administrators, faculty, employees, and volunteers from any and all claims from injury including death, damage, or loss which I may have or which may occur to me on account of my participation.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I agree this Authorization to Participate and Waiver, Release, and Indemnification Form is to be construed under the laws of the State of Iowa, USA; shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law; and that if any portion hereof is held invalid, the balance thereof shall notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Print Student Name \_\_\_\_\_ Age \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are under 18 years of age, please have your parent sign below.**

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date