

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

ISU Sponsored Youth Program Student Participation Agreement and Parental Permission Agreement Assumption of Risk, Release and Waiver of Liability and Emergency Medical Information

PLEASE READ THIS PARTICIPATION AGREEMENT, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY CAREFULLY. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the the below-referenced youth program at ISU.

Department/Unit Name	
Program Title	
Date(s) of Participation	
Youth Program Leader	
Location (building, room number)	

PROGRAM DESCRIPTION:

PARTICIPANT INFORMATION

Participant's Name		Participant's Age	
Permanent Address		Date of Birth	
City, State, Zip		Home Phone	

TRANSPORTATION

As parent/guardian, I give my permission for and/or acknowledge that:

- ☐ I will be responsible for **drop-off** and **pick-up** of my child from this event.
☐ My child will drive himself/herself to and from this event.
☐ My child will take public transportation to and from this event.
☐ (NAME OF DRIVER): _____ will **drop-off** my child for this event.
☐ (NAME OF DRIVER): _____ will **pick-up** my child after this event.
☐ This program will be virtual and no transportation is required.

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT (TO BE READ AND SIGNED BY PARTICIPANT)

It is important to follow the directions of the faculty and staff personnel in charge of this opportunity at all times. I must also abide by the University's rules and conduct expectations. I understand that, as a participant, I have the responsibility to help make the learning opportunity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

Agreement and Attachment(s) Record Retention: Signed original – Department is to save until the each student reaches 20 years of age (department to upload to Cy Check system)

IMAGE/VOICE PERMISSION

During activities, photographs or video/audio recordings may be taken of you. In addition, during virtual programs, your location, setting, or other personal information may be electronically captured and displayed. Unless you request otherwise, your signature below will be considered permission for Iowa State University and the faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future, without any restrictions. If you object to ISU using your image or voice in this manner, please notify the program faculty or staff prior to participating.

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:

Name _____

Relation to Participant _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Backup Contact (Relative or Friend):

Name _____

Relation to Participant _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

MEDICAL EMERGENCY NOTICE

I understand that I must be healthy and reasonably fit in order to safely participate in this ISU youth program and I will inform the supervisor/program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU program faculty and staff in charge to provide routine first aid and seek emergency treatment including X-rays or routine tests. 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 and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by the Department's faculty and staff in charge to secure and administer treatment for me, including hospitalization. ***ISU does not provide health insurance for participants in this event/activity.***

I also understand that during any virtual programs that I am solely responsible for monitoring my health and condition. If an injury or other medical condition occurs or arises, I understand that ISU will not be available to assist or arrange for assistance.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I, _____ (name) as the parent or legal guardian of _____ (participant name), grant permission for my child to participate in the above-described youth program. This Participation Agreement, Parental Permission Agreement, Assumption of Risk, and Release of Liability must be read carefully and signed by the participant and the parent or legal guardian of each person under 18 years of age who will participate. I acknowledge that these activities may involve certain risks and possible injury, and that Iowa State University and the participating Department cannot guarantee that they will remain free of injury. I nonetheless wish for my child to participate in the above-named virtual youth program at Iowa State University and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents - State of Iowa, Iowa State University and the above-named program and their officers, employees and agents (herein after referred to as RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the above-named youth program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Date

Participant Name (please print)

Participant Signature

Date

Parent/Guardian Name (please print)

Signature of Parent or Guardian (if Participant is under age 18)