

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

Virtual Online Youth Program
Student Participation Agreement and Parental Permission Agreement

Assumption of Risk, Release and Waiver of Liability

PLEASE READ THIS PARTICIPATION AGREEMENT, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, AND RELEASE OF LIABAILITY 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 _____ youth program at ISU.

Table with 2 columns and 4 rows: Department/Unit Name, Program Title, Date(s) of Participation, Program Director

PROGRAM DESCRIPTION:

PARTICIPANT INFORMATION

Table with 4 columns: Participant's Name, Permanent Address, City, State, Zip, Participant's Age, Date of Birth, Home Phone

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

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 initials 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.

____ initials ____ date

MEDICAL EMERGENCY NOTICE

I understand that I must be healthy and reasonably fit in order to safely participate in this ISU youth program. I also understand that during all 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. **ISU does not provide health insurance for participants in this event/activity.**

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

I acknowledge that I know, understand, and appreciate the potential risks associated with my child’s participation in online Program activities. I understand that Program staff are not providing supervision for my child during the online program, and the University does not have control over the information available through the internet or other electronic data sources. Sites accessible through the internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, or potentially offensive to others. The risks may include, but are not limited to: “Zoombombing” or other similar disruptions, cyber bullying, identity theft, hacking, intentional or inadvertent exposure to the types of materials described above, exposure to potentially triggering subject material in writing, art, or spoken word, personal injury including death, and loss or damage of personal property.

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)