

IOWA STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in the **SCUBA Club, ISU** at Iowa State University for the school year **2009-2010**.

I, _____ (participant) hereby release, waive, discharge and covenant not to sue the **SCUBA Club, ISU**, Recreation Services, the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) 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 above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

I understand that personally owned automobiles used in conjunction with the activities of the **SCUBA Club, ISU** are not covered by the university for property damage or liability. I understand that I am required to carry auto liability insurance as required by the State of Iowa.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date

Name (please print)

ISUCard Number

Signature

Signature of Parent or Guardian (if under 18)

Medical Information-Emergency Release 2009-10

Participant's Name _____
Permanent Address _____
City, State, Zip _____

Club Name SCUBA Club, ISU

ISU Card # _____
Date of Birth _____ Gender _____
Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
Name of Family Doctor _____
Name of Dentist _____

Backup Contact (Relative or Friend)

Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
Office Number _____
Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that ISU and the ISU Club named above does **not** carry any health insurance for you. _____

** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____

Insurance Company Name _____
Policy # _____ Plan # _____

Health Information (Please Print)

Do you have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- Asthma
- Diabetes
- Convulsions/seizure
- Migraine headaches
- Other condition(s): (Please list) _____
- Bronchitis
- Ear Infections
- Hay Fever
- Fainting Spells
- Heart or cardio-vascular problems/disease
- Chronic bone, muscle or joint injuries

Allergies or reactions: (**Check all that apply.**)

- Aspirin
- Penicillin
- Other (list) _____

Date of last tetanus shot (*approximate if necessary*): _____

Are you currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.) _____

TO BE READ AND SIGNED BY PARTICIPANT

MEDICAL EMERGENCY PERMISSION*

The health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Club coordinator or volunteers to provide routine health care 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 I cannot decide for myself, I give permission to the physician/hospital selected by the ISU Club coordinators or volunteer to secure and administer treatment for me, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the ISU Risk Management regarding a legal waiver in order to attend and participate.)

Date

Name (please print)

Signature

Signature of Parent or Guardian (if under 18)

