



IOWA DEPARTMENT OF NATURAL RESOURCES
WAIVER AND RELEASE OF LIABILITY
IMPORTANT: READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Iowa Department of Natural Resources athletics/sports program, and related events and activities, the undersigned agrees to the following:

1. Prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the condition of the premises, or of any equipment used. Further, there may be other risks not known or not reasonably foreseeable at this time.
3. I assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
4. I release, waive, discharge and covenant not to sue the Iowa Department of Natural Resources, its instructors, volunteers, directors, agents and other employees, other participants, sponsoring agencies, affiliates, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I HAVE SIGNED IT VOLUNTARILY.

Participant's Full Name:					
Signature:				Date:	
Address:				City:	
State:		Zip:		DOB:	
ACA#:			Club/Organization:		