PERMISSION AGREEMENT, RELEASE AND WAIVER OF LIABILITY

4-H Family Fun Night
Rock Wall Climbing and Swimming

“This 4-H event may include water activities (swimming, water slide, rock wall climbing) and other outdoor activities. Before youth can participate in water activities, this form must be signed and on file. Participant’s ability to swim and parental permission are indicated below.”)

Participant Name: (print) __________________________________________________________________________
Participant Age: ______________________________________________________________________________
Parent Name: (if participant is under 18) _______________________________________________________________________________________
County: _______________________________________________________________________________________
Location of Activity: UNI Wellness Center
Date of Activity: January 22, 2022

Permission, Release and Waiver of Liability

This 4-H Activity/Field Trip Agreement and Release and Waiver of Liability shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

I, ______________________________________(participant or parent or guardian if participant is under age 18) give my permission for the above named individuals to participate in the (4-H Family Fun Night).

Inherent Risks and Dangers of Swimming and Rock Wall Climbing: I understand and appreciate that risks and dangers are inherent when participating in recreation activities. While participating in the selected activity, the body is subject to a variety of influences that may become potentially hazardous. Some of these hazards include, but are not limited to: cuts, abrasions, contusions, outdoor allergens, sunburn, dizziness, muscle cramps, heart attack, stroke, drowning, and a variety of other injuries, up to and including death. By choosing to participate, I acknowledge awareness and assumption of all risks associated with my or my child’s participation.

☐ I know how to swim and can swim at least one length of the pool.

☐ I DO NOT know how to swim.

Signature of Participant: __________________________________ Date: ________________

Signature of Parent/Guardian: __________________________________ Date: ________________

***Please read additional information and provide signatures of permission on other side of this page.***

Health Requirements. Participant must be healthy and reasonably fit to safely participate in water activities. By signing this release form, the Participant and Parent/Guardian agree:

1. That Participant has the requisite physical fitness and ability to participate safely in water activities and other outdoor activities.
2. To inform the 4-H staff, camp director, chaperones, and other supervisors of any medication, ailment, condition, or injury that may affect performance in the water activity or other activities.

3. To bear all financial responsibility for any medical treatment arising from participation (other than those covered by an ISU Extension & Outreach accident insurance plan).

4. That if an injury or other medical condition occurs or arises, a 4-H staff member, camp director, event chaperone, or other ISU representative has permission to provide routine first aid or seek emergency treatment including x-rays or routine tests. In an emergency situation, the 4-H staff, camp director, trip chaperone, or other ISU representative has the authority to secure treatment, including hospitalization and to contact the individual(s) listed in the emergency contact form.

5. To the release of any record necessary for treatment, referral, billing or insurance purposes.

I understand that as a participant I have the responsibility to help make the activity a safe experience for all participants through my or my child’s behavior and conduct and abide by the rules and regulations established by the event supervisors.

I hereby RELEASE FROM LIABILITY, IMDEMNIFY, and HOLD HARMLESS the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, ISU Extension and Outreach, (list counties) County Agricultural Extension District, (Black Hawk County 4-H program, Black Hawk County Extension Service and the UNI Wellness Center) 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, costs or other expenses or liabilities incurred by me and anyone accompanying me, (including minors I am responsible for during this event), that occurs as a result of my or my child’s voluntary participation in this program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

☐ My child has permission to participate in water activities while attending the (4-H Family Fun Night at the UNI Wellness Center)

☐ My child DOES NOT have permission to participate in water activities while attending (4-H Family Fun Night at the UNI Wellness Center)

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                                                  Participant Name (please print)

__________________________________________
Participant Signature

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

NOTE: This Agreement and Release and Waiver of Liability must be signed by both the participant and the participant’s legal guardian if the participant is not EIGHTEEN (18) YEARS OLD