

PERMISSION AGREEMENT, RELEASE, AND WAIVER OF LIABILITY

Northwest Iowa (Lyon, Sioux, Plymouth, Osceola, O'Brien, Cherokee) 4-H Swim/Skate Event
All Season Center, Sioux Center

Activities include, but may not be limited to: **Ice Skating and Swimming (lifeguard on duty)**

Participant Name (print): _____

Participant Age: _____

Parent Name (if participant is under 18): _____

Club Name: _____

Location of Activity: _____

Date of Activity: _____

- 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: _____

Permission, Release, and Waiver of Liability

This 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.

Inherent Risks and Dangers of Ice Skating: I understand that participating in the Activity will expose me to above-normal risks of injury or harm. These risks include hazardous locations, physical contact or collisions with other participants, spectators, or inanimate objects on or about the locations. I understand that this event is in itself hazardous and may result in injury to me or my child or other skaters. I understand that direct supervision will not be provided, and by participating in the Activity, **I expose myself and my child to the risk of injuries, including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament or cartilage damage, head, neck, or spinal injuries, loss of use of arms or legs, eye damage, disfigurement, or death.** Risks may include but are not limited to slipping and falling, crashing against an object or other people, which may result in spraining, fractures, scrapes, bruises, dislocations, and contusions to the head, back, neck, or extremities. There is also the risk of emotional upset or anxiety. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my or my child's participation in the Activity, which cannot be specifically listed. Further, I recognize that the actions of other people, either affiliated or not affiliated with the event organizers, may cause harm or loss to my or my child's person or property.

Inherent Risks and Dangers of Swimming and Water Activities: I understand that swimming and other aquatic activities are inherently risky, and there is always a risk of serious injury, including but not limited to drowning and head/brain injury. I expose myself and my child to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, or death. I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in this Activity. By participating in this Activity, certain safety procedures must be followed.

Health Requirements. Participant must be healthy and reasonably fit to safely participate in the named 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.
2. To inform the 4-H club leader, chaperones, and other supervisors of any medication, ailment, condition, or injury that may affect performance in the water activity.
3. To bear all financial responsibility for any medical treatment arising from participation.
4. That if an injury or other medical condition occurs or arises, a 4-H club leader, trip 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 club leader, 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.

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

- My child **has permission** to participate in water activities while attending **NW Iowa 4-H Swim/Skate Event**
- My child **DOES NOT have permission** to participate in water activities while attending **NW Iowa 4-H Swim/Skate Event**

I, _____ (participant or parent or guardian if participant is under age 18), give my permission for the above-named individuals to participate in the **NW Iowa 4-H Swim/Skate Event at the All Season Center in Sioux Center, Iowa for indoor ice skating and swimming**. 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, and Lyon, Sioux, Plymouth, Osceola, O'Brien, Cherokee County Agricultural Extension District, (name of entity controlling location of activity here), 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.

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.

Participant Name (please print): _____

Participant Signature: _____

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

Date: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

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.