

**UNIVERSITY OF NORTHERN IOWA [insert name of Program]
RELEASE AND MEDICAL INFORMATION**

I hereby assume all risks of the University of Northern Iowa [insert name of Program] (Program)--including property loss or damage, personal injury and death--resulting from any Program activity (including residence hall activity and transportation). I understand and acknowledge that the Program activities may include some risk or danger to the student and/or property. I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, their officers, employees, and agents, and all participants in the Program (collectively, the "Releasees") from and against all liability, loss, damage, or cost, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in the Program and Program activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment, and permission to Program personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's participation in the Program.

I certify that the student is physically capable of participating in the Program activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform Program activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where a question exists regarding a student's physical capability to safely participate in any Program activity.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

PLEASE **PRINT** ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION AND APPROPRIATE PAYMENT.

Student's Name _____

Parent /Guardian Name _____

Day Phone(_____) _____ Evening Phone(_____) _____

Family Physician _____ Phone(_____) _____

Medical Insurance Co. _____

Policy No. _____ Date of last tetanus immunization _____

Any serious medical conditions (e.g., diabetes, asthma, epilepsy)

Medications currently taken and for what conditions
Medication _____ Condition _____
Medication _____ Condition _____
Medication _____ Condition _____

Allergies _____

Parent/Guardian Signature _____ Date _____