

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

ISU Athletics Department – College Dance Prep Clinic

Participation Agreement, Parental Permission Agreement, Assumption of Risk, Release of Liability and Emergency Medical Information

PLEASE READ THIS AGREEMENT CAREFULLY. This Agreement must be read and signed by each participant as well as the parent or guardian of each participant under 18 years of age. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the ISU College Prep Clinic and related activities.

PROGRAM DESCRIPTION

The Iowa State University Athletics Department is hosting three College Dance Team Prep Clinic on January 23, 2022 from 1:00 p.m. – 5:00 p.m. at the Sukup Basketball Facility for students in 8th grade to college students. ISU Dance Team will present materials, demonstrate skills and teach participants material that will help build their technique and dancing skill level. This clinic will focus on teaching basic and advanced dance techniques.

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____

Home Phone _____

TRANSPORTATION

As parent/guardian, I give my permission for and/or acknowledge that:

I will be responsible for **drop-off** and **pick-up** of my child from this event.

(NAME OF DRIVER): _____ will drop-off my child for this event.

(NAME OF DRIVER): _____ will pick-up my child after this event.

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT (TO BE READ AND SIGNED BY PARTICIPANT)

It is important to follow the directions of the program leader(s) at all times. I understand that, as a participant, I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

IMAGE/VOICE PERMISSION

Photographic images or video/audio recordings may be taken of you and/or your child during program activities. Unless you request otherwise, this Agreement will be considered permission for Iowa State University to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child/children for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice or your child's/children's image or voice in this manner, please notify the program leader, in writing, upon submission of this Agreement.

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:

Name _____

Relation to Participant _____

Daytime Phone () _____

Evening Phone () _____

Backup Contact (Relative or Friend):

Name _____

Relation to Participant _____

Daytime Phone () _____

Evening Phone () _____

INSURANCE INFORMATION: Iowa State University does not provide health insurance for participants in this activity.

Yes The above-named participant is covered by health insurance. If yes, please provide the following information for use in the event that treatment is necessary.

No **If no**, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you or your child and that you accept financial responsibility for any necessary treatment.

PARENT/GUARDIAN INITIALS: _____

Policy Holder's Name _____ Relation to Participant _____

Policy Holder's Phone # _____

Insurance Company Name _____

(IF KNOWN) Insurance Company Customer Service Phone # _____

MEDICAL EMERGENCY PARENTAL PERMISSION

I understand that my child must be healthy and reasonably fit in order to safely participate in this program's activities. My child or I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely. If an injury or other medical condition occurs during the program we will take reasonable steps to notify the emergency contacts listed. I hereby give permission to the program representative to provide routine first aid 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 payment to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected to secure and administer treatment for my child, including hospitalization.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I give permission for my child to participate in the **College Dance Prep Clinic** at Iowa State University. I understand that program activities may involve certain risks of physical activity and possible injury and that Iowa State University and ISU Athletics will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the program activities and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Iowa State University; State of Iowa; Board of Regents - State of Iowa; and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in this program. This Assumption of Risk, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their negligence. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

BY SIGNING THIS AGREEMENT, I STATE THAT I SIGN IT VOLUNTARILY, HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS SET FORTH AND AGREE TO THOSE CONDITIONS.

_____ **Date**

_____ **Parent/Guardian Name (please print)**

_____ **Signature of Parent or Guardian**

Medical Authorization Required only if NO current (within one year of camp date) physical is available.

This is to certify that this individual was examined by me on _____ (date) valid if performed within one year of camp and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports. A school physical form is acceptable if valid within one year of the start date of this camp.

Date of physical exam _____ Identify any known allergies/drug sensitivities _____

Other medical problems/current medications _____

Does participant wear or carry an identification wrist band or carry card to alert others to allergy(ies). Medical conditions or medication use? _____ Yes _____ No

Name of Physician _____ Signature of Physician _____

Date _____

Address _____

Office Phone _____