

ISU Medical Information Form And Release and Waiver of Liability

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____
City, State, Zip _____

Social Security # _____
Date of Birth _____ Sex _____
Home Phone () _____

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 () _____

Are you allergic to any medications? _____
List current prescriptions/medications _____

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.

If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name _____
Employer Address _____
Insurance Company Name _____
Insurance Company Address _____
Policy # _____ Plan # _____

I, _____ (participant) hereby release, waive, discharge and covenant not to sue the ISU Karate Club, Recreation Services, the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, 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, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

I understand that personally owned automobiles used in conjunction with the activities of the ISU Karate Club are not covered by the university for property damage or liability. I understand that I am required to carry auto liability insurance as required by the State of Iowa.

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

Signature of Parent or Guardian (if under 18)

Name (please print)

Signature