

Release of Liability

By my signature below, I signify that I have read, understand and voluntarily agree to the following.

In Consideration of the Wellness and Recreation Services at the University of Northern Iowa granting the participant permission to participate in the activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program.

I do hereby release and agree to indemnify, defend, and hold harmless the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, Wellness and Recreation Services, their employees, officials and agents, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, which may result from the participant taking part in activities/programs offered by Wellness and Recreation Services in the Wellness and Recreation Center, university recreation facilities, and play fields at the University of Northern Iowa.

Participant _____
(Print)

Participant _____ Date _____
(Signature)

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

If under 18 years old:

Participant _____
(Print)

Parent/Guardian _____
(Print)

Parent/Guardian _____ Date _____
(Signature)

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____