**Waiver & Release**

**Iowa Indoor Rowing Challenge**

**A. Release of Liability**

In consideration of being permitted to participate in this University of Iowa Recreational Services Iowa Indoor Rowing Challenge program (Program), on behalf of myself, my family, my heirs, and my assigns, I hereby release the University of Iowa; the Board of Regents, State of Iowa; the State of Iowa, and each of their respective employees, agents and representatives (Releasees) from any and all liability for personal injury, including death, or property damage or loss suffered by me as a result of, arising out of, or in any way involving my participation in the Program, except to the extent that such liability results directly from the negligence of the University of Iowa, its agents, or employees.

**B. Assumption of Risk**

I acknowledge that I know, understand, and appreciate the inherent risks in participating in the Program. These risks range from *minor scrapes, sprains, strains, back, shoulder, knee injuries and bruises to significant injuries such as broken bones, heart attack, eye loss, concussions, paralysis, and even death or transportation related accidents. The risks include exacerbation of pre-existing medical conditions.* By signing this agreement, I fully assume the inherent risks associated with this Program, and assert that I am voluntarily participating in the Program.

**C. Photo Release**

I grant the University of Iowa, Recreation Services, and persons acting for or through them the right to use, reproduce, assign, and/or distribute images, audio and video recordings, and likenesses in any medium whatsoever, of myself and for any minor children, identified below, for whom I have custody, for the purpose of promoting the University of Iowa, any of its programs or Centers, or for any other lawful purpose, without payment to me. The University, its successors and assigns shall own all right, title and interest, including the copyright, to any such image, recording, or likeness.

I hereby release and hold harmless the Board of Regents, State of Iowa; the University of Iowa and the State of Iowa; as well as each of their respective agents and employees from any and all claims, including but not limited to claims of infringement, damages or remuneration, for invasion of privacy, defamation, or misappropriation, or otherwise arising from such use.

**D. Physical Capability**

I am physically capable of participating safely in the Program. I understand that Recreational Services staff are not medical professionals. In the event of a medical emergency or incident requiring medical attention, I understand that staff will seek the assistance of medical professionals.

**E. Medical Treatment Authorization**

In the event of a medical emergency in the course of the Program, Recreational Services staff will attempt to contact the individuals identified as Emergency Contacts. In the event that such attempts are not successful, I hereby authorize and consent to the health professionals of the University of Iowa, emergency medical service professions, or health care facilities based on local EMS protocols, to perform or administer necessary or medically advisable surgical or medical treatment under such circumstances. I also authorize these professionals to administer anesthetic or anesthesia as may be necessary or medically advisable in connection with the medical or surgical procedures. This authorization is intended to apply to emergency treatment and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to the medical providers of any such service. Also, I authorize the disclosure of medical information to my insurance company for the purpose of such a claim.

**By submitting my registration, I certify that I am at least 18 years of age and fully competent.  I understand and agree to all terms of the waiver and release form.**

Participant Signature Date