

## UNI Release and Medical Authorization

\_\_\_\_\_ (Activity/Event Name)

\_\_\_\_\_ (Date)

In consideration for being allowed to participate in this activity, I hereby voluntarily assume all risks (including property loss or damage, personal injury, and/or death) that may result from or relate to this activity. I understand and acknowledge that the activity may include some risk or danger to me and/or property. I agree to indemnify, defend, hold harmless, release, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, and all of their employees and agents (“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 my participation in this activity, whether caused by the negligence of the Releasees or otherwise.

In the event of injury or illness, I give my consent for medical treatment, and permission to University of Northern Iowa employees or agents 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 me. I agree to assume all costs related to any such treatment.

I certify that I am capable of participating in this activity. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a person’s capability to safely participate in any part of the activity.

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

