

**UNIVERSITY OF NORTHERN IOWA (UNI) - Jazz Combo Camp
RELEASE, INDEMNIFICATION, AND MEDICAL AUTHORIZATION AGREEMENT**

I, the parent/guardian of _____ (“Child”), a minor, do hereby give my permission for the Child to participate in the UNI [*name of the camp or program*] (“Camp/Program”). I and my Child fully understand that the Camp/Program may include many different physical, educational, and social activities and situations, some of which may be physically and/or mentally demanding, and may be considered dangerous and/or involve substantial risk of bodily injury and personal property damage. [*If an activity(ies) of a Camp/Program involves perceived higher risk, some language could be added here to reflect that perception and the potential risk(s); something like the following could be included, “For example, risks may include but are not limited to: personal injury or death, including burns, cuts, sprains, strains, fractures, bumps, bruises, abrasions, mouth related injuries, concussions, paralysis, drowning, other personal medical conditions, etc., and loss or damage of personal property.” The language should include specific risks relevant to and appropriate for the Camp/Program, so some of the risks in the quoted sentence above might not be appropriate (and should not be used) and other specific risks should perhaps be added/included.*]

In consideration for the Child participating in the Camp/Program, I, for myself and my Child, voluntarily assume full responsibility for any risks of loss, property damage, and/or personal injury, including death, that may result from or relate to the Camp/Program. As parent/guardian, for myself and my Child, I agree to release, waive, discharge, covenant not to sue, indemnify, defend, and hold harmless the University of Northern Iowa, the Board of Regents of the State of Iowa, the State Of Iowa, and all of their employees and agents (hereinafter referred to as “Releasees”) from and against any and all liabilities, claims, demands, actions and causes of action whatsoever, including claims and suits at law or in equity, arising out of or related to any loss, damage, or injury (fatal or otherwise), that may be sustained by me or my Child, or to any property belonging to me or my Child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, while participating in or in any way related to the Camp/Program, including transportation, or in or on the premises where the Camp/Program is being conducted.

I certify that my Child has the prerequisite capabilities, skills, qualifications, preparations and training to participate in the Camp/Program in a safe and competent manner. I have disclosed any limitations or issues that might limit my Child’s capability to safely participate in the Camp/Program. I and my Child agree to participate and abide by the rules and regulations of UNI and the Camp/Program. I understand and acknowledge UNI reserves the right to deny anyone the opportunity to participate where a question exists regarding a person’s capability to safely participate in an activity or situation. Any questions that I or my Child have had concerning the Camp/Program or participation in the Camp/Program have been fully answered.

In the event of injury or illness, I give my consent for medical treatment, and permission to UNI 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 my Child.

I also hereby authorize UNI to videotape, photograph, record, edit, copy, display, perform publicly, distribute, use and re-use my Child's image, voice, and likeness ("appearance") in relation to my Child's participation in the Camp/Program, in all current and future UNI productions, projects, media and promotional materials, in any manner, including print, tape, broadcast, digital media, and/or yet to be developed technology. I understand and agree that UNI owns the copyright and all other media distribution rights relating to the appearance. I, for myself and my Child, waive and release any and all rights of privacy, publicity, and/or compensation that I may have with regard to the appearance and any re-use or further use of the appearance. I, for myself and my Child, release any and all claims or causes of actions of any nature that I may have now or in the future against the University of Northern Iowa, the Board of Regents of the State of Iowa, the State of Iowa, and their employees and agents relating to the appearance. I understand that my or my Child's image, voice, and likeness may be distributed in the United States and elsewhere for an unlimited time.

I further agree this Release, Indemnification, and Medical Authorization Agreement ("Agreement") shall be construed in accordance with the laws of the State of Iowa. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE CAREFULLY READ THIS RELEASE, INDEMNIFICATION, AND MEDICAL AUTHORIZATION AGREEMENT, UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

PARENT / GUARDIAN

printed name

signature

date