UNIVERSITY OF NORTHERN IOWA
WELLNESS AND RECREATION SERVICES
SCF-504 A & B

MEMBER RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

Sport Club Name _____ Date _____

The release and the treatment authorizations must be signed by the participant or if under 18 years old, by a parent or guardian. These forms (504 A & B) need to be completed and signed in order to participate in Sport Club activities at UNI.

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By my signatures below, under Sections A & B, I signify that I have read, understand and agree to the following.

A. Release of Liability. In consideration of the Wellness and Recreation Services at the University of Northern Iowa granting the participant permission to participate in UNI Sport Clubs, I hereby assume all risks of personal injury (including death and property damage) that may result from any [Sport Club] activity. I do hereby release and agree to indemnify, defend, and hold harmless the University of Northern Iowa, Wellness and Recreation Services, State Board of Regents-State of Iowa, State of Iowa, the Sport Club, their employees, officials and agents, and all participants in the [Sport Club] program from and against all liability, including claims and suits at law or in equity, for damages or injury, fatal or otherwise, which may result from the participant taking part in [Sport Club] activities.

Participant _____
(Print)

Participant _____ Date _____
(Signature)

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

If under 18 years old:

Participant _____
(Print)

Parent/Guardian _____ Date _____
(Signature)

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Sport Club Name _____ Date _____

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B. Insurance and Medical Authorization. In the event of illness or injury, I hereby give my consent for medical treatment and permission to a licensed physician to hospitalize and secure proper treatment (including injection, anesthesia, surgery, or other reasonable and necessary procedures) for the participant. I agree to assume all costs related to any such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim.

Each participant must provide his/her own medical insurance.

I understand that I am responsible for any medical or other charges related to participation in the [Sport Club] activities.

Participant _____
(Print)

Participant _____ Date _____
(Signature)

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Health Insurance Company _____

Policy Number _____ Policy Holder _____

If under 18 years old:

Participant _____
(Print)

Parent/Guardian _____ Date _____
(Signature)

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Please list medical conditions and/or allergies to be aware of:

Each club is advised to have ready access to a copy of this signed form at all practices and events.