

IOWA STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in the ISU Livestock Judging Camp to be held June 18 - 20, 2008, sponsored by the Iowa State University Animal Science Department.

I, _____ (participant) hereby release, waive, discharge and covenant not to sue the Animal Science Department, the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date

Name (please print)

Signature

Signature of Parent or Guardian (if under 18)

ISU Medical Information Form And Release and Waiver of Liability

NOTE: The Release and Waiver of Liability must be signed by the participant's legal guardian if the participant is not of legal age.

PARTICIPANT INFORMATION

Participant's Name _____ Social Security # _____
Permanent Address _____ Date of Birth _____ Sex _____
City, State, Zip _____ Home Phone () _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:	Backup Contact (Relative or Friend):
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone () _____	Daytime Phone () _____
Evening Phone () _____	Evening Phone () _____
Are you allergic to any medications? _____	
List current prescriptions/medications _____	

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.

If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name _____
Employer Address _____
Insurance Company Name _____
Insurance Company Address _____
Policy # _____ Plan # _____

Request for Giving Prescription and Non-Prescription Medication at Camp

2008 ISU Livestock Judging Camp

Please complete a separate form for each medication needed.

Participant's Name: _____

Medication at camp will be administered following these guidelines:

- Parent signed and dated authorization (below) to administer the medicine completed.
- The medication must be in the prescription container or the container in which it was purchased.
- The prescription medication label contains the student name, name of medication, direction for use, and date.
- While at camp, the medication must be stored with the Program Coordinator and it must be in the original container.

Name of Medication: _____

Medication dosage: _____

Dates to be given: _____

Time to be given: _____

Doctor who prescribed medication: _____

Prescribing doctor's phone number: _____

Additional information or administration instructions: _____

I request the above student be given the medication at camp by staff according to the prescription or non-prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that camp staff may contact the doctor/prescriber as needed.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from camp and to pick up remaining medication and equipment from the Program Coordinator.

Parent/Guardian Signature: _____ Date: _____