PARTICIPATION AGREEMENT - RELEASE AND WAIVER OF LIABILITY

Participant Name:                            Date of Birth & Age:  
University ID #

Location of Travel:                           Dates of Participation:  

NOTE: The following line(s) to be completed by a participant who is accompanied by a minor child or children. Print the name, date of birth, and relationship of individual(s) accompanying this trip below (family specific):

PLEASE READ THIS PARTICIPATION AGREEMENT AND WAIVER OF LIABILITY CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THIS TRAVEL.

In consideration for myself (and/or my child/children) being permitted to participate in this trip, I agree to the following:

PURPOSE:
This activity is sponsored by the International Students and Scholars Office (ISSO) at Iowa State University. Participation in this ISSO trip is voluntary. It is important for all participants and/or the parent/guardian of minor participants to have information regarding the travel and carefully consider permission for this voluntary activity. Children under the age of eighteen (18) must be accompanied by their parent or legal guardian.

Participants should read and make themselves informed about the destination as well as the safety and security of the location.

TERMS AND CONDITIONS:

1. Travel Arrangements – Travel arrangements have been made by ISSO.

2. Transportation, Housing and Meals – Please review the attached Itinerary for specific information about the trip.

3. Supervision – Children will be required to stay under the supervision of their parent or legal guardian at all times.

4. Rules, Requirements and Behavior Expectations
   • Participants are expected to participate in accordance with the rules and requirements as directed by the group leaders and in the Group Travel Policies, Rules and Regulations provided by ISSO.
   • Participants shall use the “buddy system” and never leave the group without someone accompanying them.
   • Participants must demonstrate respect and consideration for all group leaders and other participants at all times.

5. Voluntary Participation – Participation is not a requirement for any official ISU activity or program.

6. Prescriptions and Medications
   • Participants taking prescription medications must arrange to bring enough medication to last the entire trip.
   • Keep all prescription medications in the original containers.
   • Participants with a medical condition should wear the appropriate medical alert tags and carry with them important information related to their condition.

7. Illness or Injury and Medical Treatment – Participants must immediately report any injury or illness to the group leader. The group leader has a copy of each participant’s Emergency Contact and Medical Information Form. I understand that, as a participant on this trip, ISU does not provide me with accident or medical insurance, and is therefore, not responsible for any accident or medical expenses incurred by me during this trip. Participants bear all financial responsibility for any medical treatment arising from participation on this trip.
8. Inherent Risks and Dangers – ISSO agrees to provide a reasonably safe experience throughout the duration of the trip but cannot control every risk. I understand and appreciate that risks and dangers are inherent when participating in travel and sightseeing, especially in large metropolitan areas. If I decide to leave the travel party and/or make my own travel arrangements, I will be traveling at my own risk and ISSO will not be responsible for my safety. If I leave the travel party and the itinerary planned, I understand that:
  • I may be putting myself at greater danger than the rest of the traveling party;
  • Any additional expenses required due to change of itinerary are my sole responsibility and not the responsibility of ISU;
  • Prior to departing on the trip, I must notify ISSO in writing of my intent to change my travel itinerary and provide details of my alternate itinerary arrangements;
  • Personally owned automobiles used in conjunction with this trip are not covered by the university for property damage or liability. If operating a motor vehicle, I am required to carry auto liability insurance as required by the State of Iowa.

PARTICIPANT INITIALS: ___________

9. Behavior Expectations of the Participant – It is important to follow the directions of the group leader(s) at all times. I understand that I (or my child/children) have the responsibility to help make these activities safe for all participants through behavior and conduct that adheres to the standards set by ISSO. I also understand there may be dangers associated should I (or my child/children) deviate from the planned activities of the trip itinerary.

PARTICIPANT INITIALS: ___________

This Participation Agreement and Release and Waiver of Liability shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

Release and Waiver of Liability

1. Assumption of Risks: I understand that there are inherent and unavoidable risks in any travel. I knowingly and voluntarily assume the known risks and all other risks that could arise during my travel to, from and during this group trip.

2. Policies, Rules and Regulations: I acknowledge that I have been provided with the ISSO Group Travel Policies, Rules and Regulations for this trip. (SEE attached)

3. RELEASE OF LIABILITY: I acknowledge that I understand and that I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, RELEASE FROM LIABILITY, WAIVE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE the State of Iowa, Board of Regents - State of Iowa, Iowa State University of Science and Technology, and all their officers, faculty, or employees (hereinafter referred to as “RELEASEES”) whether accompanying this trip or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury to me or my child/children’s injury or my property or on account of my death or my child/children’s death which may occur from any cause during this travel, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law against any of the RELEASEES on account of any and all such claims, demands, actions, or causes of action.

4. INDEMNIFICATION: I further AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or cost, including court costs and attorneys’ fees that they may incur due to my participation in this trip.

IN SIGNING THIS ASSUMPTION OF RISKS, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it, and sign it voluntarily of my own free will; no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

________________________________________  _______________________________________
Date                                              Participant Name (please print)

________________________________________
Participant Signature

This line to be completed by a participant accompanied by a minor child or children:

________________________________________
Spouse, Domestic Partner, Adult Child Signature (serves as parental signature for minor child/children)
MEDICAL EMERGENCY CONTACT INFORMATION

PARTICIPANT INFORMATION (please print)

Participant's Name __________________________
Permanent Address __________________________ Date of Birth ________ Gender ________
City, State, Zip _____________________________ Home Phone ( ________ )________________
The information recorded on this form is intended for use by the group’s supervisor and/or emergency medical
personnel in the event of medical need or accident. Confidentiality is strictly maintained.

Person to Contact First: 
Name ______________________________________ 
Relation to Participant _______________________ Daytime Phone ( ________ ) _______________________
Evening Phone ( ________ ) ______________________
Backup Contact (Relative or Friend):
Name ______________________________________ 
Relation to Participant _______________________ Daytime Phone ( ________ ) _______________________
Evening Phone ( ________ ) ______________________

INSURANCE INFORMATION

PLEASE INDICATE YOUR HEALTH INSURANCE STATUS BELOW.

Iowa State University does not provide health or accident medical insurance for trip participants.

☐ No  I do not have health insurance and am aware that Iowa State University does not
provide health or accident medical insurance for trip participants.

☐ Yes  I have health insurance.
If yes, please provide the following information for use in the event that treatment is necessary.

Policy Holder’s Name ___________________________________ Relationship to Participant _____________
Policy Holder’s Phone # _________________________________
Address ___________________________________________ City, State, Zip ____________________________
Insurance Company Name ____________________________________________________________________
(If known) Insurance Company Customer Service Phone # ________________________________