

TAU BETA PI - PI MILE RUN
Iowa State University of Science and Technology (ISU)
Participation Agreement

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____ Age _____

Phone () _____

PLEASE READ THIS PARTICIPATION AGREEMENT CAREFULLY. It is a LEGAL CONTRACT and it affects any rights you may have if you are injured or otherwise suffer damages while participating in the **Pi Mile Run on September 20, 2014.** This event is sponsored by **Tau Beta Pi**, a recognized student organization at Iowa State University.

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY,
INDEMNIFICATION, AND MEDICAL EMERGENCY PERMISSION**

1. I understand that there are inherent risks associated with running open races that cannot be eliminated regardless of the care taken to avoid injuries. As with many physical activities, this event involves inherent risks, including but not limited to tripping and falling, contact with other participants or spectators, the effects of weather, and trail/path/street conditions. Potholes, rocks or other debris on the paths may pose a hazard. I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of my participation in the **Pi Mile Run.**
2. I, _____ (student/participant, or parent or guardian of student/participant) hereby voluntarily **RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Tau Beta Pi;** Iowa State University; Board of Regents, State of Iowa; State of Iowa 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 specified activities.
3. I also **ASSUME THE RISKS** of my participation in the specified activities and agree to not hold the **RELEASEES** responsible for any loss, damage or injury, including death, that occurs as a result of my participation in the specified activities.
4. I further 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.
5. I further agree that this **PARTICIPATION AGREEMENT** 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 **PARTICIPATION AGREEMENT** shall be construed in accordance with the laws of the State of Iowa.
6. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests. In an emergency situation, I give permission for an ISU representative to contact the individual(s) that I have listed under Medical Emergency Contact Information. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the ISU representative to secure and administer treatment for me, including hospitalization. **I understand that Iowa State University does not provide health insurance for participants in this student organization activity.**

BY SIGNING THIS PARTICIPATION AGREEMENT, I STATE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS SET FORTH HEREIN AND THAT I SIGN THIS FORM FREELY AND VOLUNTARILY.

PARTICIPANT NAME (please print)

***PARENT/GUARDIAN NAME (please print)**

PARTICIPANT SIGNATURE

***PARENT/GUARDIAN SIGNATURE**

DATE

***DATE**

****If Participant is under 18 years of age, the Participant's parent/guardian must also sign this Agreement****

MEDICAL EMERGENCY CONTACT INFORMATION

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.

No **If no**, initial this line stating that you **do not have health insurance** and are aware that Iowa State University does not carry any health insurance for you. _____

Yes The above-named participant **is covered by health insurance**.
If yes, please provide the following information for use in the event that treatment is necessary.

Policy Holder's Name _____ Relation to Participant _____

Policy Holder's Phone # _____

Address _____ City, State, Zip _____

Insurance Company Name _____

(IF KNOWN) Insurance Company Customer Service Phone # _____