

**Tau Beta Pi Catapult Competition
Iowa State University Participation Agreement**

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 **Tau Beta Pi Catapult Competition, Saturday, April 12, 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 physical activities, and individual and group activities that cannot be eliminated regardless of the care taken to avoid injuries. **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 this activity.
2. I have the physical fitness and ability to participate safely in the Tau Beta Pi Catapult Competition.
3. I (student/participant, or parent or guardian of student/participant) hereby voluntarily **RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Iowa State University; Tau Beta Pi; 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.
4. I **ASSUME THE RISKS** of my participation in the Tau Beta Pi Catapult Competition and agree to not hold the **RELEASEES** responsible for any loss, damage or injury, including death, that occurs as a result of my participation.
5. 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 a third party.
6. 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.
7. 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 or accident medical insurance for participants in student/campus organization activities.**

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

Name _____

Relation to Participant _____

Daytime Phone () _____

Evening Phone () _____