

IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

College of Engineering and Iowa Alpha Chapter of Tau Beta Pi – Roller Coaster Competition Youth Program

Student Participation Agreement, Parental Permission Agreement, Assumption of Risk and Release of Liability and Emergency Medical Information

PLEASE READ THIS AGREEMENT CAREFULLY. This Agreement must be read and signed by every participant as well as the parent or guardian of each participant under 18 years of age. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the Roller Coaster Competition youth program.

PROGRAM DESCRIPTION

The College of Engineering and Iowa Alpha Chapter of Tau Beta Pi at Iowa State University are hosting the Roller Coaster Competition youth program for middle and high school students who are interested in experiencing hands-on engineering activities. This event will be held on Iowa State University campus on April 17, 2020. Participating students will compete in teams and will demonstrate their knowledge and application of mathematics, physics and engineering concepts. The competition provides students with the opportunity to apply theory to a project of building a working roller coaster. Teachers and chaperones from respective school teams are responsible for supervising students at all times during this event.

PARTICIPANT INFORMATION

Table with 4 columns: Participant's Name, Permanent Address, City, State, Zip, Participant's Age, Date of Birth, Home Phone.

TRANSPORTATION

- My child will be provided transportation from the \_\_\_\_\_ school district.
Other transportation arrangement (Explain): \_\_\_\_\_

IMAGE/VOICE PERMISSION

Photographs or video/audio recordings may be taken of your child during the Roller Coaster Competition activities. Unless you request otherwise, this Participation Agreement will be considered permission for Iowa State University and Roller Coaster Competition staff to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT (TO BE READ AND SIGNED BY PARTICIPANT)

It is important to follow the directions of the program leader(s) at all times. I understand that, as a participant, I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

**MEDICAL EMERGENCY CONTACT INFORMATION**

Person to Contact:

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_

Evening Phone (    ) \_\_\_\_\_

**MEDICAL EMERGENCY PARENTAL PERMISSION**

I understand that my child must be healthy and reasonably fit in order to safely participate in the Roller Coaster Competition activities. My child or I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely. If an injury or other medical condition occurs or arises, I hereby give permission to the College of Engineering/Tau Beta Pi staff to provide routine first aid and seek emergency treatment including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by the College of Engineering/Tau Beta Pi staff to secure and administer treatment for my child, including hospitalization.

**INSURANCE INFORMATION: ISU does not provide health insurance for participants in this event/activity.**

Yes The above-named participant is covered by health insurance

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. \_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)**

I give permission for \_\_\_\_\_ to participate in the Roller Coaster Competition event at Iowa State University. I understand that the Roller Coaster Competition event may involve certain risks of physical activity and possible injury and that Iowa State University will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the activities and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the College of Engineering; Iowa Alpha Chapter of Tau Beat Pi; Iowa State University; State of Iowa; Board of Regents - State of Iowa; and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child’s participation in the Roller Coaster Competition event. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Iowa.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

*This agreement needs to be received by the “Roller Coaster Competition” program leaders upon check-in the day of the event or may be scanned and e-mailed to [tbp-projects@iastate.edu](mailto:tbp-projects@iastate.edu)*