

**IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**Water Rocks! Ewing Park, Des Moines, Iowa Summer Day Camp Program**  
**Participant and Parental Permission Agreement**  
**Assumption of Risk, Release and Waiver of Liability and Emergency Medical Information**

**PLEASE READ THIS PARTICIPATION AGREEMENT, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY CAREFULLY.** 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 Water Rocks! Des Moines Summer Day Camp Program.

<b>ISU Department Name</b>	<b>Agricultural and Biosystems Engineering</b>
<b>Program Title</b>	<b>Water Rocks! Des Moines Summer Day Camp Program</b>
<b>Dates of Participation</b>	<b>July 6, 2017</b>
<b>Supervisor</b>	<b>Ann Staudt</b>
<b>Location</b>	<b>Greenwood Park (Spence Shelter), Des Moines, Iowa</b>

**PROGRAM DESCRIPTION**

During the Water Rocks! Summer Day Camp Program, camp participants will be immersed in water quality and environmental issues through hands-on activities, scientific investigation, music art, interactive lessons and guest speakers, all of which are designed to spark an interest in and bring awareness to pertinent natural resource issues occurring in Iowa and across the globe.

**PARTICIPANT INFORMATION**

Participant's Name		Participant's Date of Birth	
Permanent Address		Participant Cell Phone	
City, State, Zip Code		Parent/Guardian Cell Phone	
Parent/Guardian Email Address		Sex of Participant	
Ethnicity	A - Asian; B - Black; C- Caucasian; H - Hispanic; I - Indian; M - Middle Eastern; O - Other		

**TRANSPORTATION to and from the camp**

As parent/guardian, I give my permission for the people named below to drop off and pick up my child during this camp. I understand my child will not be released to anyone else unless a change is made in writing by the parent/guardian.

\_\_\_\_ (NAME OF DRIVER): \_\_\_\_\_ will **drop-off** my child for this event.

\_\_\_\_ (NAME OF DRIVER): \_\_\_\_\_ will **pick-up** my child after this event.

For pick up purposes, please list anyone who is NOT allowed to pick up your child \_\_\_\_\_

\_\_\_\_ My child will take an alternate form of transportation to and from this camp (public transportation, bicycle, walk). Please specify how they will arrive and depart this camp \_\_\_\_\_

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

It is important to follow the directions of the Agricultural and Biosystems Engineering faculty and staff personnel in charge of this opportunity at all times. You must also abide by the University's rules and conduct expectations. I understand that as a participant I have the responsibility to help make the learning opportunity 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**

**IMAGE/VOICE PERMISSION**

During activities, a photograph or video/audio recordings may be taken of you. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the Agricultural and Biosystems Engineering faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice in this manner, please notify the Agricultural and Biosystems Engineering faculty or staff prior to participating.

\_\_\_ initial \_\_\_ date

**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 ( ) \_\_\_\_\_

**Health Information (Please Print)**

Please list any health condition, allergies or prescribed or over-the counter medication that you believe the Participant Supervisor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EMERGENCY PERMISSION**

I understand that I must be healthy and reasonably fit in order to safely participate in the Water Rocks! Summer Day Camp Program and I will inform the supervisor/program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely. The health history stated above is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the Agricultural and Biosystems Engineering faculty and staff in charge 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 for charges and hereby guarantee full payment 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 Department's faculty and staff in charge to secure and administer treatment for me, including hospitalization. \* (If you cannot sign this section of the form for any reason, contact the Office of Risk Management [515-294-7711] regarding a legal waiver in order to attend and participate.)

\_\_\_ initial \_\_\_ date

Is there any additional information we should be aware of about your child? If so, please use this space below to explain.

**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, \_\_\_\_\_ (name) as the parent or legal guardian of, \_\_\_\_\_ (participant name), grant permission for my child to participate in the above described Water Rocks! Summer Day Camp Program. This Participation Agreement, Parental Permission Agreement, Assumption of Risk, Release of Liability and Emergency Medical Information must be read carefully and signed by the participant and the parent or legal guardian of each participant under 18 years of age who will participate. These activities may involve certain risks and possible injury, and that Iowa State University and the participating Department will provide each participant with reasonable care, but ISU cannot guarantee that they will remain free of injury. I nonetheless wish to participate in the the Water Rocks! Summer Day Camp Program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents - State of Iowa, Iowa State University and the Agricultural and Biosystems Engineering Department and their officers, employees and agents (herein after referred to as 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 participation in the Water Rocks! Summer Day Camp. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

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

**Agreement and Attachment(s) Record Retention:**

**Signed original – Department supervisor of camp is to save agreement until the participant reaches 20 years of age.**

**Scanned copy – send to orm@iastate.edu before camp begins**

**Scanned or paper copy – to participant for his/her records**