

2013-2014 Badminton Club Waiver and Assumption of Risk

For participation in this recognized University of Iowa Sport Club, please complete this Waiver and Assumption of Risk form by clicking "Fill out Form" near the top of the screen. If you have further questions please contact your organization's Principal Representative or UI Recreational Services at 319-335-9293.

2013-2014 Badminton Club Waiver and Assumption of Risk

Waiver and Assumption of Risk

I, in consideration of being permitted to participate in the Department of Recreational Services of The University of Iowa Badminton Club Program ("Program") and to use University of Iowa equipment and facilities in connection with the Program, on behalf of myself, my personal representatives, my heirs, and my assigns, I hereby release, waive and forever discharge the State of Iowa; the Board of Regents, State of Iowa; and The University of Iowa and each of their officers, employees, and agents from any and all liability of any and every nature whatsoever, including claims or suits at law or in equity, that I may have for any and all personal injury, including death and property loss or damage that may result from, arise out of, or be related to my participation in the Program, including my use of University of Iowa facilities or equipment in connection with the Program and my travel to and/or any Program activity. I agree to indemnify and hold harmless the Releasees from such liability whether injury, loss or damage is caused in whole or in part by my fault or negligence, the fault or negligence of the Releasees or the fault or negligence of any third party. By signing below I acknowledge that I know, understand, and appreciate the potential dangers associated with my participation in this Program and use of University of Iowa facilities and equipment in connection with the Program. These hazards may include, but are not limited to, minor scrapes, strains, and bruises, as well as significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. Protective eye wear is highly recommended. The University of Iowa is not liable for injuries incurred to the face and eyes if eye protection is not worn. If I elect to participate in the Program, I do so voluntarily and totally at my own risk. By signing below, I further acknowledge and represent that I have read the foregoing, fully understand it, and sign it voluntarily as my own free act and deed. No oral representations, statements or inducements, apart from the foregoing written agreement, have been made. This Waiver and Release shall be governed in accordance with the substantive and procedural laws of the State of Iowa without regard to its conflicts of law provisions. All disputes arising hereunder shall be brought in the state courts having jurisdiction in Johnson County, Iowa and I hereby consent to the jurisdiction of such courts, agree to accept service of process by mail, and hereby waive any jurisdictional or venue defenses otherwise available to me.

Valid input:

- Select only one choice.

I Agree

[Required] Contact Information

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

- name@myschool.edu

First name:

Middle initial:

Last name:

Email address:

Phone number:

Address:

City:

State:

ZIP:

Photo Release Statement:

I grant the University of Iowa, Recreational Services, and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself, for use in materials they may create.

Valid input:

- Select only one choice.

I grant permission

I do not grant permission

Please type your legal name in the box below: