

**IOWA STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY
Greek Week 2008**

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in Greek Week events, March 27-April 6, 2008 on the Iowa State University Campus, at Ames Middle School, in the Campustown Area, and on property in the South Campus Area Neighborhood known as "Greek Land." These events are sponsored by Greek Week and sanctioned by the Greek Affairs Office, Iowa State University.

I, _____ (participant) hereby release, waive, discharge and covenant not to sue the Greek Affairs Office, Iowa State University, the Board of Regents-State of Iowa, the State of Iowa, members of the Greek Week Central Committee, any individual fraternities or sororities, 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 above-described activities.

I 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. I further agree that this Release and Waiver of Liability 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 Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

I understand that personally owned automobiles used in conjunction with this event are not covered by the University for property damage or liability. I understand that I am required to carry auto liability insurance as required by the State of Iowa.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date

Name (please print)

Signature

Signature of Parent if Under Age 18

ISU Emergency Contact and Medical Information Form

PARTICIPANT INFORMATION

Participant's Name _____ University ID # _____
Permanent Address _____ Date of Birth _____ Sex _____
City, State, Zip _____ Home Phone () _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First: Backup Contact (Relative or Friend):
Name _____ Name _____
Relation to Participant _____ Relation to Participant _____
Daytime Phone () _____ Daytime Phone () _____
Evening Phone () _____ Evening Phone () _____
Are you allergic to any medications? _____
List current prescriptions/medications _____

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.

If yes, provide the following information which is required by Iowa State University in the event treatment is necessary.

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. _____

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name _____
Employer Address _____
Insurance Company Name _____
Insurance Company Address _____
Policy # _____ Plan # _____