

2017 Iowa Shrine Bowl Classic Medical Information/Release Form

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____ Gender _____

Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

Name of Family Doctor _____

Name of Dentist _____

Backup Contact (Relative or Friend)

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

Office Number _____

Office Number _____

INSURANCE POLICY INFORMATION

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

***If no, initial this line stating that you do not have health insurance and are aware that Iowa Shrine Bowl does not carry any health insurance for you.**

If yes, provide the following information:

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/Address _____

Insurance Company Name _____

Policy # _____ Plan # _____

Health Information (*Please Print*)

Do you have any of the following conditions or a history of any of the following conditions? (**Check all that apply**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Are you currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the Iowa Shrine Bowl personnel and abide by the Iowa Shrine Bowl rules and conduct expectations. 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.

Participant Signature

Date

**TO BE READ AND SIGNED BY PARTICIPANT'S PARENT
PARENTAL PERMISSION AGREEMENT AND RELEASE OF LIABILITY**

I, _____ (parent or legal guardian name) as the parent or legal guardian of _____ (participant name), grant permission for his/her participation in the Iowa Shrine Bowl Football & Cheerleading Clinic. This Parental Permission Agreement and Release and Waiver of Liability must be read carefully and signed by all participants and the parent or legal guardian of each participant who takes part in the Iowa Shrine Bowl Classic from **July 22 – July 29, 2017**

PLEASE READ THIS PARENTAL PERMISSION AGREEMENT/WAIVER OF LIABILITY CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOUR CHILD IS INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE IOWA SHRINE FOOTBALL & CHEERLEADING CLINIC. IN CONSIDERATION OF THE IOWA SHRINE BOWL ALLOWING ME TO PARTICIPATE, I AGREE TO AND UNDERSTAND THE FOLLOWING:

MEDICAL EMERGENCY PERMISSION*

I understand that my child / I must be healthy and reasonably fit in order to safely participate in the Iowa Shrine Bowl Classic & Clinic activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect my child / my ability to participate safely. The health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the University of Northern Iowa Athletic Training Staff to provide first aid or seek emergency treatment including x-rays or routine tests. I understand that I am financially responsible for payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child or myself, I give permission to the physician/hospital selected by the Iowa Shrine Bowl or UNI Athletic Training Staff to secure and administer treatment for my child or me, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the Iowa Shrine Bowl regarding a legal waiver in order to attend and participate.)

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

During activities, a photograph or video/audio recording may be taken of you. Unless you request otherwise, your initial below will be considered permission for the Iowa Shrine Bowl to photograph, film, audio/video tape, record and/or televise your / your child's 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 Iowa Shrine Bowl using your image or voice in this manner, please notify the Iowa Shrine Bowl personnel prior to participating. _____initial _____date

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

I understand that the Iowa Shrine Bowl Classic & Clinic may involve certain risks of physical activity and possible injury and that the Iowa Shrine Bowl will provide each participant with reasonable care, but cannot guarantee that my child / I will remain free of injury. My child / I wish to participate in the Iowa Shrine Bowl Classic & Clinic and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the Iowa Shrine Bowl; State of Iowa; Board of Regents, State of Iowa; and University of Northern Iowa and their officers, employees and agents (herein after referred to as RELEASEES) from any and all claims 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 Iowa Shrine Bowl Classic & Clinic. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. I hereby agree that this Assumption of Risk and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

Date

Participant Name (please print)

Participant Signature

Signature of Parent or Guardian

NOTE: This Parental Permission Agreement and Release and Waiver of Liability must be signed by both the participant and the participant's legal guardian.