

WAIVER AND RELEASE FORM

Program/Event/Course _____

Student's Name _____ Date of Birth _____

Address _____
Street _____ City _____ State _____ Zip _____

Phone No. _____ SSN _____

List all known allergies _____

Other important medical information _____

PERMISSION TO SECURE TREATMENT

In the event of an emergency, I authorize the University of Dubuque to secure treatment from any licensed hospital, physician, and/or medical personnel deemed necessary for my immediate care, and I agree that I will be responsible for payment of any and all medical services required.

I have read and fully understand that program/course requirements and this Waiver and Release Form and that all information supplied is accurate and current to the best of my knowledge. If under 18 years of age, parent/guardian must sign.

Student's Name _____ Date _____

Parent/Guardian _____ Relationship _____

Day-time Phone No. _____ Evening Phone No. _____

UNIVERSITY OF DUBUQUE "HOLD HARMLESS" AGREEMENT

Please read this form carefully and be aware in consideration of your participation in the above named activity, you will be waiving and releasing all claims for injuries you might sustain arising out of this activity. Each participant (or participant's parent/guardian) must complete this form and return it before participation. For minors, parent/guardian signature is required on this form.

Please recognize that the University of Dubuque does not carry medical insurance for injuries sustained by participating in this activity. Therefore, each person participating in this activity should review his or her own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the University of Dubuque responsible for payment of medical expenses.

WAIVER AND RELEASE OF ALL CLAIMS

In consideration for my participation in the University of Dubuque's above named activity, I agree to assume all risk and fully release from all liability the University of Dubuque, members of the University community, its directors, officers, trustees, agents, servants, and employees for any injuries including death, damages or loss of severity, which I may sustain as a result of participating in this activity.

I agree to waive and relinquish all claims I may have against the University of Dubuque, members of the University community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.

I further agree to indemnify and hold harmless the University of Dubuque, members of the University of Dubuque community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries including death, damages and losses sustained by myself or rising out of, connected with, or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless for negligence on the part of the University of Dubuque.

Signature of Student _____ Date _____