

## Participant Waiver and Release of Claims

"IWCC" shall mean Iowa Western Community College, Council Bluffs, Iowa and all of its affiliated entities, and all other entities under common control with, controlled by, or controlling IWCC and all of their offices, directors, employees, agents, successors, and assigns.

"Participant" shall mean any individual participant in any form of activity on the property of IWCC.

Participant hereby waives and releases IWCC from all liability for any and all claims, actions, or causes of action which may hereafter accrue against IWCC for any loss, damage, or injury to Participant (including death of participant) or any property arising out of, on account of, occurring by reason of:

1. Any personal activity, function, event, or action in which the Participant is engaged in while on IWCC premises or when participating in IWCC sponsored off-campus activities.
2. Any act, failure to act, error, or omission of IWCC.

Participant agrees to indemnify, defend, and hold IWCC harmless from and against any and all claims, actions, or causes of actions of the type and/or kind described above which may hereafter accrue and be asserted by any third party against IWCC. This waiver is binding on all Participant's heirs, executors, administrator and assigns.

**The Participant acknowledges that he or she has read and understand all of the above waiver and release of claims.**

Participant's Signature \_\_\_\_\_ Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

**Parents/Legal Guardianship signature required for Participants who have not attained his/her 18<sup>th</sup> birthday.**

By my signature below, I confirm that I have parental and/or legal guardianship rights and responsibilities for the minor Participant named above. I hereby acknowledge that I have read and understand all of the waiver and release of claims for the minor Participant named above.

Parent/Guardian's Signature \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Is there any medical information we should know of to help us better serve the camper?

