



# Women's Rugby Club Waiver and Assumption of Risk

**Waiver and Assumption of Risk:** I, \_\_\_\_\_, in consideration of being permitted to participate in the Division of Recreational Services of The University of Iowa Women's Rugby Club Program and to use its equipment and facilities, on behalf of myself, my family, my heirs, and my assigns, **I hereby release the State of Iowa; the Board of Regents, State of Iowa; The University of Iowa; the Division of Recreational Services of The University of Iowa; and the Women's Rugby Club Program; and each of their respective officers, employees, and agents,** from any and all liability for injury, death, negligence, property loss or damage suffered by me as a result of my participation in the program, or my use of the facilities and its equipment, including travel to and from events or practices in University of Iowa vehicles, or any way associated with my participation in any and all program activities now or in the future.

I, \_\_\_\_\_, acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities or the equipment and of participating in University of Iowa Women's Rugby Club Program. I know that these risks 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. By execution of this agreement, I fully assume the inherent risks associated with the University of Iowa Women's Rugby Club Program and assert that I am voluntarily participating in such activities. I understand that by signing below, I have read this release of liability, fully understand it, freely and voluntarily sign the same, and I am acting for myself, my heirs, personal representatives and assigns.

Signature: \_\_\_\_\_  
(your signature)

Address: \_\_\_\_\_  
(street) (city/state) (zip)

**NOTE: IF YOU ARE LESS THAN EIGHTEEN YEARS OLD, YOUR PARENT OR LEGAL GUARDIAN ALSO MUST SIGN BELOW:**

Signature: \_\_\_\_\_  
(Parent/Legal guardian of Club Member signature)

Address: \_\_\_\_\_  
(street) (city/state) (zip)

Date: \_\_\_\_\_

**Photo Release Statement**

I, \_\_\_\_\_, grant the University of Iowa, Touch the Earth Outdoor Recreation and Education Programs, 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.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

May use my photo: \_\_\_\_\_

May not use my photo: \_\_\_\_\_