

**IOWANS FOR INTERNATIONAL ADOPTION
GENERAL RELEASE OF LIABILITY**

Section I. MEDICAL RELEASE AND WAIVER

A. Participant Information:

Name:	Date of Birth:
Street Address:	

B. Emergency Contacts

Primary Contact's Name:	Relation to Participant:
Primary Phone Number:	Secondary Phone Number:
Email Address:	

Secondary Contact's Name:	Relation to Participant:
Primary Phone Number:	Secondary Phone Number:
Email Address:	

C. Health Concerns:

Please designate whether your child has any of the following conditions, which could result in an accident or incident while participating in activities.

- € Diabetes
- € Convulsions/seizure
- € Asthma
- € Migraine headaches
- € Hay Fever
- € Fainting Spells
- € Heart or Cardio-vascular problems/disease
- € Chronic bone muscle, or joint injuries

Initials

Date

€ Other Conditions: (Please list them) _____

Please specifically list any and all allergies or reactions which your child suffers from:

Date of last tetanus shot: _____

D. Parental Waiver:

I understand that my child must be health and reasonably fit in order to safely participate in these activities and that I will inform the program leaders of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

The health history provided above for my child is correct and complete to the best of my knowledge. If an injury or other medical condition occurs or arises, I hereby give my permission to Iowans for International Adoption and its program organizers to provide routine first aid and seek emergency treatment. I agree to release to the release of any record necessary for emergency treatment or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit which may provide medical care to my child while my child is in the care of Iowans for International Adoption and its program organizers. In the event of an emergency where I cannot decide for my child, and my secondary emergency contact cannot be reached, I give permission to the physician/hospital selected by Iowans for International Adoption staff or volunteer to secure and administer treatment for my child, including hospitalization.

Section II. PUBLICITY/IMAGE/VOICE PERMISSION

- A. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial and signature of this waiver will be considered permission for Iowans for International Adoption to photograph, film, audio/video tape, record, and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

Section III. TRANSPORTATION

- A. By signing this waiver, I am giving permission for my child to be transported during an authorized Iowans for International Adoption activity or event. I give my permission for my child to ride with any adult volunteer who has been designated as qualified and responsible by Iowans for International Adoption. I understand that if personally-owned vehicles are used as transportation to and from events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. Iowans for International Adoption does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile insurance as required by the State of Iowa

Initials

Date

- B. By signing this waiver, I agree that if my child requires the use a booster seat or other special safety equipment to safely ride in an automobile, I am solely responsible for providing said safety equipment to the Iowans for International Adoption for my child's use. I shall hold harmless the organization, Iowans for International Adoption, for any injury or liability arising from my failure to provide said safety equipment.

Section IV. ASSUMPTION OF RISK AND RELEASE OF LIABILITY

- A. I give permission for the above listed participant to participate in Iowans for International Adoption activities and events. I understand that said activities and events may involve certain risks of physical activity and possible injury and that Iowans for International Adoption and its staff and volunteers will provide each participant with reasonable care, but that Iowans for International Adoption and its staff and volunteers cannot guarantee that my child will remain free of injury. I wish to have my child participate as an Iowans for International Adoption member and in said organization's activities and events and I *assume the risk* of participation. I agree to *release from liability, indemnify, and hold harmless*, Iowans for International Adoption, its board members, directors, staff, agents, and volunteers from any and all claim 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 child's participation in Iowans for International Adoption activities and events.

Parent/Guardian Signature

Date

Initials

Date