THE UNIVERSITY OF IOWA
WAIVER AND RELEASE FORM
College of Liberal Arts and Sciences, Dept. of Earth and Environmental Sciences
(Research activity here, e.g.,NSF sponsored field research in Yukon, Canada)

I, (please print your name) _____, wish to participate in **NSF sponsored field research** offered by the University of Iowa, to be conducted from _____through _____. I understand that participating in the **NSF sponsored field research** is strenuous and consists of potentially hazardous activities. I further understand that I should not participate in the **NSF sponsored field research** unless I am physically capable to safely participate. I, knowing this, hereby certify that to the best of my knowledge I am physically capable of participating in the **NSF sponsored field research** and have no medical condition that could worsen by participating in this course field trip.

By signing below, I acknowledge that I am fully aware of and appreciate the potential dangers associated with my participation in the **NSF sponsored field research** and assume all risks associated with participating in this research including, but not limited to: personal injury, accident or death, personal medical conditions, issues surrounding use or operation, by myself or others, of equipment, contact with other participants, the affect of weather including lightning, wind, avalanche, rock fall, contact with plants or animals or other environmental hazards, conditions of roads, trails, waterways, terrain, and routes taken and accident connected with their use, first-aid, emergency treatment or other services rendered, consumption of food or drink, vehicle use and transportation (including transport by chartered helicopter or small aircraft), or other unknown and unanticipated risks.

Having read this waiver and knowing the above facts related to the participation in the **NSF sponsored field research**, I for myself, my personal representatives, my heirs and my assigns, agree to hold harmless, and do hereby waive and release and forever discharge The University of Iowa, the State of Iowa, the Board of Regents, State of Iowa and each of their officers, employees, agents, and volunteers (Releasees) from any and all claims or liability that I may have for any and all personal injuries including death, and property loss or damage, whether caused by my negligence, the negligence of the Releasees or the negligence of any third party. This waiver and release extends to all claims of any kind or nature whatsoever, including claims or suits at law or in equity, whether foreseen or unforeseen, known or unknown.

My signature below verifies that I have read and agreed to the terms stated above.

_____	_____	_____	
Signature	Date	Home Phone	Cell Phone
_____	_____	_____	
Printed Name	Date	Address	

Check One: _____Student _____Volunteer

MEDICAL AND EMERGENCY INFORMATION

Participation in the **NSF Sponsored Research** requires good health and physical fitness. Individuals with many levels of physical fitness and with a variety of health difficulties may participate successfully in activity-related trips. However, experience has shown not all applicants can be successfully accommodated on all trips. By signing this form the participant acknowledges he/she is aware of the potential hazards associated with this trip, in good health, is in excellent physical condition and has no medical condition that could worsen by participating in this research field trip.

PLEASE COMPLETE FRONT AND BACK OF FORM

EES_Research_Trip_Waiver_Template_version 6/13/16. Modified from EES Multiday field trip waiver form (version 4/22/15) by JAGilotti to cover field research. Approved by C. T. Foster (DEO) on 6/13/2016

IN THE EVENT OF AN EMERGENCY

Is there any medical information that you would like to share that would assist in your treatment in the event of a medical emergency? Examples: Asthma, allergic reactions to allergens or bug bites, medication, breathing difficulty, medical condition etc.

Yes or NO (circle)

If yes and please provide the necessary information below:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NAME OF CONTACT PERSON(S) IN CASE OF EMERGENCY:

Name: _____**Complete Address** _____
(street)

_____ _____
Phone (home) **Phone (cell)** **(city) (state) (zip)**

Name: _____**Complete Address** _____
(street)

_____ _____
Phone (home) **Phone (cell)** **(city) (state) (zip)**

SIGNATURE OF PARTICIPANT

My signature below verifies that I have read and agreed to the terms stated above.

_____ _____ _____
Signature Date Home Phone Cell Phone

_____ _____ _____
Printed Name Date Address

Check One: _____Student _____Volunteer

PLEASE COMPLETE FRONT AND BACK OF FORM

THE UNIVERSITY OF IOWA
WAIVER AND RELEASE FORM
COLLEGE OF LIBERAL ARTS AND SCIENCES
DEPARTMENT OF EARTH AND ENVIRONMENTAL SCIENCES
Research Activity here

After having read this waiver and being fully informed regarding the facts and risks related to the participation in the **Research Activity**, I hereby release and forever discharge the University of Iowa, the Iowa Board of Regents, the State of Iowa, and their board members, officers, employees, or agents (the "Released Parties"), whether in an individual capacity, official capacity, or any other capacity, from any and all existing claims, demands, obligations, causes of action, damages, costs, expenses and compensation of any nature whatsoever, be they direct or indirect, in law or in equity, in contract or in tort, whether known or unknown, which I may have had, presently have, or may have in the future against the other relating in any way to **my participation in the Research Activity** or the execution of this waiver. I expressly waive and release any claims or cause of action that I may ever claim have against the Released Parties, regardless of whether those claims or causes of action may be alleged to be caused in whole or in part by the negligence or wrongful conduct of any of the Released Parties, the negligence or wrongful conduct of any third party, or by my own negligence or wrongful conduct. I agree that the foregoing release and waiver shall be fully binding on me, by agents, my assigns, and my successors.

SIGNATURE OF PARTICIPANT

My signature below verifies that I have read and agreed to the terms stated above.

_____ _____ _____
Signature Date Home Phone Cell Phone

_____ _____ _____
Printed Name Date Address

Check One: _____Student_____Faculty/Staff_____Volunteer