

NAME	
ID #	

UPPER IOWA UNIVERSITY

AUTHORIZATION TO TRAVEL DOMESTICALLY AND/OR INTERNATIONALLY WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

As a participant in Upper Iowa University's educational or activity programs (such as interim, athletics, music/chorus, intramurals, outdoor pursuits), I recognize and acknowledge that there are risks of physical injury while traveling to and from the activity and while participating in the activity. I agree to assume the full risk of any injuries, including death, damages or loss, which I may sustain as a result of participating in any and all activities connected with or associated such program or travel regarding the program.

I agree to waive and relinquish all claims I may have as a result of participating in the Upper Iowa University educational or activity program against its trustees, officers, agents, administrators, faculty, employees and volunteers.

I do hereby fully release Upper Iowa University and its trustees, officers, agents, administrators, faculty, employees and volunteers from all or any claims from injury including death, damage, or loss which I may have or which may occur to me on account of my participation.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Iowa, USA; and that if any portion hereof is held invalid, the balance hereof shall notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and I have signed it knowingly and voluntarily.

I have read and I fully understand the above agreement.

Signature		Date	
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If you are under 18 years of age, please have your parents sign below:

I give authorization to Upper Iowa University for my minor student to participate in any educational or activity program, including travel domestically and internationally. I have read and agree to all the statements above.

Signature		Date	
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PERMISSION FOR RELEASE OF INFORMATION

"I give authorization to Upper Iowa University to submit my name to the media in connection with University academic or activity announcements (dean's list, honors & awards, graduation, etc.)."

Hometown Newspaper			
Newspaper City, State, ZIP			
Signature		Date	

____ I **DO NOT** want my name published to the media. _____
Signature

DISCLOSURE OF DIRECTORY INFORMATION

If you do not want directory information released, you must visit the Registrar's Office and complete a "Request to Prevent Disclosure of Directory Information" form. This form must be completed within 2 weeks of the start of the semester and must be completed each academic year. If you have questions, please contact the Registrar's Office at (563) 425-5268.