

**Release, Waiver, and Medical Authorization
for
Minors in Job Shadow, Internship, or Research Experiences**

I hereby assume all risks relating to the University of Northern Iowa job shadow or internship experience program for _____ insert month and year _____ through _____ insert month and year _____, including any property loss or damage, personal injury, and/or death resulting from any program activity. I understand and acknowledge that the program activities may include some risk or danger to the participant and/or the participant's property, including but not limited to exposure to and/or interactions with chemicals, fumes, and other laboratory equipment and processes. I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, their officers, employees, and agents, and all participants in the program ("the Releasees") from and against all liability, loss, damage, or cost, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to my own or my child's participation in the program and program activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment and permission to program personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the participant. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I also understand that I am responsible for any medical or other charges related to my own or my child's participation in the program.

I certify that the participant is physically capable of participating in the program activities. I have disclosed any physical limitations or medical problems that might limit the participant's capability to perform program activities.

**I HAVE CAREFULLY READ THIS ENTIRE RELEASE, WAIVER, AND MEDICAL AUTHORIZATION,
FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES.

Minor's Name _____

Minor's Signature _____ Date _____

Parent /Guardian Name _____

Daytime Phone (____) _____ Evening Phone (____) _____

Parent/Guardian Signature _____ Date _____