

**Disc Golf Club – Get ‘Er Done at Stable Run 2025
Iowa State University Participation Agreement**

PLEASE READ THIS PARTICIPATION AGREEMENT CAREFULLY. It is a LEGAL CONTRACT and it affects any rights you may have if you are injured or otherwise suffer damages while participating in the **Get ‘Er Done at Stable Run on September 13, 2025** at the **Disc Golf Course**. This event is sponsored by **Disc Golf Club**, a recognized student organization at Iowa State University.

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY,
INDEMNIFICATION, AND MEDICAL EMERGENCY PERMISSION**

1. I understand that there are inherent risks associated with **sports activities** that cannot be eliminated regardless of the care taken to avoid injuries. These risks and injuries include, but are not limited to: tripping, falling and/or contact with other participants. This activity’s risks may cause trauma, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs. Wrist, shoulder, knee, shin, ankle and foot, strains and sprains, muscle or ligament damage, head injuries and concussions are possible. I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of my participation in this activity.
2. I (student/participant, or parent or guardian of student/participant) hereby voluntarily **RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the **Disc Golf Club**; Iowa State University; Board of Regents, State of Iowa; State of Iowa and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as **RELEASEES**) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the specified activities.
3. I also **ASSUME THE RISKS** of my participation in the specified activities and agree to not hold the **RELEASEES** responsible for any loss, damage or injury, including death, that occurs as a result of my participation in the specified activities.
4. I further agree to **INDEMNIFY AND HOLD HARMLESS** the **RELEASEES** whether injury is caused by my negligence, the negligence of the **RELEASEES** or the negligence of any third party.
5. I further agree that this **PARTICIPATION AGREEMENT** shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named **RELEASEES**. I hereby further agree that this **PARTICIPATION AGREEMENT** shall be construed in accordance with the laws of the State of Iowa.
6. Traveling in a personally owned automobile in conjunction with the activities of the **Disc Golf Club** is not covered by ISU for property damage or liability and the personal vehicle owner is advised that they are required to carry auto liability insurance as required by the State of Iowa.
7. If an injury or other medical condition occurs or arises, I **HEREBY GIVE PERMISSION** to the ISU representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests. In an emergency situation, I give permission for an ISU representative to contact the individual(s) that I have listed under Medical Emergency Contact Information. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the ISU representative to secure and administer treatment for me, including hospitalization. **I understand that Iowa State University does not provide health or accident medical insurance for participants in campus/student organization activities.**

BY SIGNING THIS PARTICIPATION AGREEMENT, I STATE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS SET FORTH HEREIN AND THAT I SIGN THIS FORM FREELY AND VOLUNTARILY.

_____ PARTICIPANT NAME (please print)	_____ Date of Birth	_____ *PARENT/GUARDIAN NAME (please print)
_____ PARTICIPANT SIGNATURE	_____ Email Address	_____ *PARENT/GUARDIAN SIGNATURE
_____ DATE	_____ Phone #	_____ *DATE

**If Participant is under 18 years of age, the Participant’s parent/guardian must also sign this Agreement.*

MEDICAL EMERGENCY CONTACT INFORMATION

Name (First Contact) _____	Name (Optional Contact) _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone () _____	Daytime Phone () _____
Evening Phone () _____	Evening Phone () _____