

Iowa State University – Veterinary Medical Center – Wildlife Care Clinic  
**Waiver of Liability and Hold Harmless Agreement**

For \_\_\_\_\_  
*Print Participant's Name*

**PLEASE READ CAREFULLY. THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (Release) AFFECTS ANY RIGHT YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN ANY ACTIVITIES OF THE ISU VETERINARY MEDICAL CENTER.**

1. In consideration for receiving permission to participate in the Wildlife Care Clinic (WCC) activities, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Iowa State University; the Veterinary Medical Center, the WCC, the Board of Regents of the State of Iowa, the State of Iowa, its officers, servants, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including, but not limited to, loss of limb and/or sight or death, that may be sustained by me, **WHETHER CAUSED BY MY NEGLIGENCE, OR OTHERWISE**, while participating in or related in any way to my participation in the activities granted by the WCC.
2. I am fully aware of and understand all of the risks involved in participating in these activities, including but not limited to risks: (a) of property damage to my belongings, (b) of personal injury from public transportation and /or private automobile accidents, (c) from contact with animals, (d) from actions of fellow participants, and (e) from my own actions or inactions. By signing below, I hereby elect to voluntarily participate in these activities, knowing that the activities may be hazardous to me and my property. **I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS AND FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY OR ILLNESS, INCLUDING BUT NOT LIMITED TO LOSS OF LIMB AND/OR SIGHT OR DEATH**, that may be sustained by me or which may arise in the future as a result of my participation, or any loss or damage to property owned by me, as a result of being engaged in such an activity, **WHETHER CAUSED BY MY NEGLIGENCE OR OTHERWISE**.
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss, liability, damage or costs, including medical care, court costs, and attorneys' fees, that the Releasees may incur due to my participation in these activities, **WHETHER CAUSED BY MY NEGLIGENCE OR OTHERWISE**.
4. It is my express intent that this Release 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 Release shall be construed in accordance with the laws of the State of Iowa and that proper venue for any disputes shall be Story County, Iowa.
5. If I, during the course of my participation in these activities, deviate from any aspect of any trips or activities planned by the supervisor, such deviation is purely voluntary, and that I agree that Releasees, **SHALL NOT BE LIABLE** for any injuries resulting or arising from voluntary deviations I make to any trips or activities.

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT:**

- A.** I have read and agree to the terms of the foregoing Waiver of Liability and Hold Harmless Agreement;
- B.** I understand the terms and conditions contained in this Release and sign it voluntarily as my own, free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement have been made;
- C.** I am at least eighteen (18) years of age and fully competent (if under the age of 18: That I am fully competent and that my legal parent/guardian is at least 18 years of age and fully competent); and
- D.** I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Participant or Legal Representative

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Signature of Witness/legal parent/guardian

\_\_\_\_\_  
Witness's Printed Name

**Participant's Contact Information**

\_\_\_\_\_  
Participant's Mailing Address

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Participant's Email Address

**Person to Notify in Case of an Emergency**

\_\_\_\_\_  
Print Full Name of Primary Emergency Contact

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Primary Emergency Contact's Address

**Completed and signed waiver must be emailed to [WCC@iastate.edu](mailto:WCC@iastate.edu) prior to application being processed**