

Waiver & Release
Iowa Flyers Masters Swim Club

A. Release of Liability

In consideration of being permitted to participate in this University of Iowa Recreational Services program (Program), on behalf of myself, my family, my heirs, and my assigns, I hereby release the University of Iowa; the Board of Regents, State of Iowa; the State of Iowa, and each of their respective employees, agents and representatives (Releasees) from any and all liability for personal injury, including death, or property damage or loss suffered by me as a result of, arising out of, or in any way involving my participation in the Program, except to the extent that such liability results directly from the negligence of the University of Iowa, its agents, or employees.

B. Assumption of Risk

I acknowledge that I know, understand, and appreciate the inherent risks in participating in the Program. These risks range from *water hazards, minor scrapes, sprains, strains and bruises to significant injuries such as broken bones, hypothermia, water immersion, drowning, or loss, concussions, head, neck and spinal injuries, paralysis, and even death. The risks include exacerbation of pre-existing medical conditions.* By signing this agreement, I fully assume the inherent risks associated with this Program, and assert that I am voluntarily participating in the Program.

C. Photo Release

I grant the University of Iowa, Recreation Services, and persons acting for or through them the right to use, reproduce, assign, and/or distribute images, audio and video recordings, and likenesses in any medium whatsoever, of myself and for any minor children, identified below, for whom I have custody, for the purpose of promoting the University of Iowa, any of its programs or Centers, or for any other lawful purpose, without payment to me. The University, its successors and assigns shall own all right, title and interest, including the copyright, to any such image, recording, or likeness.

I hereby release and hold harmless the Board of Regents, State of Iowa; the University of Iowa and the State of Iowa; as well as each of their respective agents and employees from any and all claims, including but not limited to claims of infringement, damages or remuneration, for invasion of privacy, defamation, or misappropriation, or otherwise arising from such use.

D. Physical Capability

I am physically capable of participating safely in the Program. I understand that Recreational Services staff are not medical professionals. In the event of a medical emergency or incident requiring medical attention, I understand that staff will seek the assistance of medical professionals.

E. Medical Treatment Authorization

In the event of a medical emergency in the course of the Program, Recreational Services staff will attempt to contact the individuals identified as Emergency Contacts. In the event that such attempts are not successful, I hereby authorize and consent to the health professionals of the University of Iowa, emergency medical service professions, or health care facilities based on local EMS protocols, to perform or administer necessary or medically advisable surgical or medical treatment under such circumstances. I also authorize these professionals to administer anesthetic or anesthesia as may be necessary or medically advisable in connection with the medical or surgical procedures. This authorization is intended to apply to emergency treatment and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to the medical providers of any such service. Also, I authorize the disclosure of medical information to my insurance company for the purpose of such a claim.

By submitting my registration, I certify that I am at least 18 years of age and fully competent. I understand and agree to all terms of the waiver and release form.

Participant Signature

Date



Masters Swimming

Iowa Flyers Swim Club

Athletes Registration Form

Athlete Information

Last Name	First Name	M.I.	Preferred Name
Gender		Date of Birth	
Home Address	City	State	Zip Code
Email Address (If Applicable)		Phone Number (If Applicable)	

Team Registration & Fees

	Recreational Services Member Dues <i>(10% Discount)</i>	General Public Dues	Annual Registration Fee*
Masters	<input type="checkbox"/> \$45.00/Month/Athlete	<input type="checkbox"/> \$50.00/Month/Athlete	<input type="checkbox"/> \$75.00 1st Swimmer <input type="checkbox"/> \$15.00 2nd Swimmer <i>*Paid each September</i>

Initial Payment Information

IFLY payments may be returned by mail or deposited at the front desk of the CRWC.

NOTE: IFLY bill WILL NOT be billed automatically to your U-Bill or Credit Card.

<input type="radio"/> Cash	Amount Paid \$ _____
<input type="radio"/> Check (Payable to The University of Iowa)	Amount Paid \$ _____
<input type="radio"/> U-Bill UI ID Number _____	Amount Paid \$ _____
<input type="radio"/> Visa/Mastercard	Amount Paid \$ _____

I authorize Recreational Services to charge the selected option:

Credit Card or U-Bill.

Signature of Cardholder/ID Holder

To Register for US Masters Swimming go to: <https://www.usms.org/login-to-registration-page>.

This Registration is done all online. Please make a copy and bring it to our coaching staff to keep your registration on file.

Credit Card Information *(Credit card information will not be retained)*

Name on Card	Card Number	Expiration Date	3-digit Security Code
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