



WAIVER, LIABILITY RELEASE, AND INDEMNIFICATION AGREEMENT FOR MINORS

Event Name/Title: BullD.O.G.S. in Healthcare (College of Pharmacy and Health Sciences)
Brief Description of Event Activities: Careers in Health Care Camp (Overnight housing)
Date(s) of Event: July 11-13, 2024
Location of Event: ON CAMPUS: Crawford Residence Hall, Olmsted, Cline, Harvey Ingham, Fitch, OT Building, SCB, Helmick Commons; OFF CAMPUS: Iowa Heart Foundation/MercyOne Iowa Heart Center (West Des Moines, IA)

Hereinafter called "EVENT".

I am **the Parent or Legal Guardian of the Minor Participant**, and as such, I give my approval for me/and or my minor child to participate in **Event**. In consideration of Drake University's agreement to permit me and/or my minor child to participate in the **Event, I agree as follows:**

1. I, individually, and on behalf of my and/or my minor child's heirs, successors, assigns and personal representatives, hereby *release and forever discharge* Drake University and its employees, agents, officers, trustees, and representatives from any and all liability whatsoever (including all liability arising directly or indirectly from the actions of Drake University or its employees, agents, officers, trustees or representatives), for any and all damages, losses or injuries (including death) I and/or my minor child sustain to my and/or my minor child's person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during or are in any way connected, directly or indirectly, with my and/or my minor child's participation in the **Event**, or any travel incident thereto, unless any such damages or injury is primarily the direct result of a negligent act or omission by Drake University or any of its officers, employees or lawful agents and not caused in part by my own negligence.

2. I, individually, and on behalf of my and/or my minor child's heirs, successors, assigns and personal representatives, hereby agree to *indemnify, defend and hold harmless* Drake University and its employees, agents, officers, trustees, and representatives from any and all liability (including all liability arising directly or indirectly from the negligence of Drake University or its employees, agents, officers, trustees or representatives), loss, damage or expense, including attorney fees, which arise out of, occur during or are in any way connected, directly or indirectly, with my and/or my minor child's participation in the **Event**, or any travel incident thereto, unless any such damages or injury is primarily the direct result of a negligent act or omission by Drake University or any of its officers, employees or lawful agents and not caused in part by my and/or my minor child's own negligence.

3. I recognize and acknowledge that Drake University does not carry health or hospital insurance that would provide insurance coverage for me and/or my minor child in the event that I and/or my minor child should sustain an injury while participating in the **Event**. In the event of my and/or my minor child's injury, I authorize the Drake University representative to secure whatever treatment is deemed necessary by an attending physician.

4. Media Consent: I give my consent to authorize Drake University or agent or person authorized or designated by these Entities, the use and reproduction of any and all photographs, video, or audio taken of the participant person named below during the performance and related Event activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, video or film are the property of the Entities or person(s) authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken.

5. 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 that I have signed it knowingly and voluntarily.

Participant Name (Printed):		
Dated:	Adult Parent Signature:	Printed Name:
Dated:	Legal Guardian Signature:	Printed Name:

Emergency Contact Information:

Contact Name:	Relationship to Participant:	
Telephone Number(s): Home:	Work:	Cell:
EMAIL:		