

**IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY  
Department of Kinesiology**

**Parental Permission Agreement, Assumption of Risk and Release of Liability  
ExerCYse Time**

**PLEASE NOTE: *This Agreement must be read and signed by every participant as well as the parent or guardian of each participant under 18 years of age.***

PLEASE READ THIS AGREEMENT CAREFULLY. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in ExerCYse Time Program and related activities.

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**PROGRAM DESCRIPTION**

The ExerCYse program within the **Department of Kinesiology** at Iowa State University is hosting ExerCYse Time for youth ages 8-13. The ExerCYse Time program provides physical activity opportunities to youth (led by college students). I understand that there are inherent risks associated with sporting events, physical activities, and individual and group physical activities that cannot be eliminated regardless of the care taken to avoid injuries. I will review each activity to determine that my child has the physical fitness and ability to participate safely. I also understand that the program advertises other activities that are not directly supervised by the ExerCYse Time program or the Department of Kinesiology. ExerCYse Time is described below:

**ExerCYse Time** provides youth with opportunities to participate in structured games and physical activities supervised by ExerCYse leaders and ISU athletes working with the ExerCYse program. The weekly events are held in different locations but the coordination is standardized with programming lasting about 1 hour. Parents are welcome to watch and/or participate in the activities.

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**PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Parent's E-mail Address \_\_\_\_\_

**BEHAVIOR EXPECTATIONS OF THE PARTICIPANT – TO BE READ AND SIGNED BY PARTICIPANT**

It is important to follow the directions of the program leader(s) at all times. I understand that, as a participant, I have the responsibility to help make the activity a safe and enjoyable experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

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**TRANSPORTATION**

ExerCYse Time does not make arrangements for transportation of children to and from these activities. This is the responsibility of the parent. Parents should be aware of program beginning and ending times and make appropriate arrangements for your child.

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## MEDICAL EMERGENCY PARENTAL PERMISSION

I understand that my child must be healthy and reasonably fit in order to safely participate in ExerCYse Time activities. My child or I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

If an injury or other medical condition occurs during the program, we will take reasonable steps to notify the Emergency Contacts listed below. I hereby give permission to the program representative to provide routine first aid and seek emergency treatment, including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for payment to the attending physicians or health care unit. In the event of an emergency where the Emergency Contacts listed below cannot be reached, I give permission to the physician/hospital selected by an ISU representatives to secure and administer treatment for my child, including hospitalization.

## EMERGENCY CONTACT INFORMATION

Person to Contact First:

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_

Evening Phone (     ) \_\_\_\_\_

Backup Contact (Relative or Friend):

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_

Evening Phone (     ) \_\_\_\_\_

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## IMAGE/VOICE PERMISSION

Photographs or video/audio recordings may be taken of you and/or your child during ExerCYse Time activities. Unless you request otherwise, this Participation Agreement will be considered permission for Iowa State University and ExerCYse Time to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child/children for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice or your child's/children's image or voice in this manner, please notify the ExerCYse Time leaders, in writing, upon submission of this Agreement.

## ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I give permission for my child to participate in the ExerCYse Time **Program** at Iowa State University. I understand that program activities may involve certain risks of physical activity and possible injury and that Iowa State University and ExerCYse staff will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the program activities and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS ExerCYse; Department of Kinesiology; Iowa State University; State of Iowa; Board of Regents - State of Iowa; and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the ExerCYse Time program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their negligence. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Iowa.

**BY SIGNING THIS AGREEMENT, I STATE THAT I SIGN IT VOLUNTARILY, HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS SET FORTH AND AGREE TO THOSE CONDITIONS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian