THE UNIVERSITY OF IOWA
WAIVER AND RELEASE FORM

This affects any rights I may have if I or my child is injured or otherwise suffer damages while participating in this course(s). In consideration of and as a condition of participating in the Confucius Institute Taiji classes during the time period 1/1/19-12/31/19 by signing my name below, acting for myself, my heirs, personal representatives and assigns, I do hereby release, waive, and forever discharge The University of Iowa; 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 of any and every nature whatsoever, including claims or suits at law or in equity, that I or my child may have, for any and all personal injury, including death, and property loss or damage that may result from my or my child’s participation in such activities. I agree to indemnify and hold harmless the Releasees whether injury is caused in whole or in part by my fault or negligence, the fault or negligence of the Releasees or the fault or negligence of any third party.

By signing below, I am stating that I understand and accept the potential and inherent risks associated with a Mind and Body Class such as Confucius Institute Taiji*. I understand that it may not be advisable for me to participate if I have certain pre-existing conditions and that it is my responsibility to consult a physician if necessary to assure that it is safe for me to participate. I certify that to the best of my knowledge I have no medical condition that could worsen by participation in these activities. The risks may include, but are not limited to: exacerbation of personal medical conditions, bodily injury including strains, sprains, back, neck, knee, or other injuries, and loss of or damage to personal property. Understanding and taking full responsibility for the risks I hereby elect voluntarily to participate in this event.

In signing this Release, I acknowledge and represent that I have read the foregoing, understand it, 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, and I am at least eighteen (18) years of age and fully competent.

Adult Participant Printed Name _______________________________________________________

Signature: ____________________________________________ Date: _________________________

Name(s) of Minor Child’s participating (please print) _________________________________________

________________________________________________________

I further certify that I am the parent or legal guardian of any child (ren) named above. I understand and accept the risks associated with this event and hereby grant permission for my child(ren) to participate.

__________________________      ____________________________________  _________________
Printed name of parent/guardian  Signature  Date

*The University of Iowa has not made an assessment of the instructor’s credentials.