2026 RELEASE AND MEDICAL AUTHORIZATION

I authorize _____ ("Student") to participate in AmpCamp at the University of Northern Iowa ("UNI") from July 26 to July 30, 2026. I agree that Student will abide by all UNI policies at all times during AmpCamp. Should Student fail to abide by such policies or fail to behave appropriately during AmpCamp, Student may be prohibited from participating in AmpCamp.

I acknowledge and accept that by participating in AmpCamp, Student may be exposed to certain risks and I hereby assume all risks relating to Student's participation in AmpCamp, including property loss or damage, personal injury and/or death resulting from any AmpCamp activity. In consideration of UNI providing the opportunity for Student to participate in AmpCamp, I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, their officers, employees, and agents, and all participants in AmpCamp (collectively, the "Releasees") from and against all liability, loss, damage, or cost, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in AmpCamp and AmpCamp activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of any injury or illness, I give my consent for UNI to obtain medical treatment for the Student. I authorize and give consent for UNI personnel to administer general first aid for minor injuries of Student and to secure any necessary medical treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for Student by a licensed health care provider. I agree to assume all costs related to any such treatment.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

PLEASE **PRINT** ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF THE STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH THE REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION AND APPROPRIATE PAYMENT.

Student Name: _____
(last) (first) (middle)

Parent /Guardian Name: _____
(last) (first) (middle/maiden)

Day phone: _____ Evening phone: _____

Email: _____

Allergies: _____

Will the student require any accommodations to participate in AmpCamp? If so, describe the necessary accommodations below:

Parent/Guardian Signature: _____

Date: _____