

**University of Northern Iowa Resident Assistant Conference  
January 26-28, 2024**

**Individual Waiver Form**

**PLEASE TYPE ALL INFORMATION.**

Each delegate (*including advisors!*) must complete **and sign this form**.

Name: \_\_\_\_\_ School: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Person to contact in case of emergency: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will you need accommodations for a disability?

The UNI campus is non-smoking. In addition, all participants are expected to abstain from alcohol for the weekend.

**Release and Assumption of Risk – Alcohol and Drug Policy**

I, \_\_\_\_\_, in consideration of the University of Northern Iowa ("UNI") allowing me to participate in the Resident Assistant Conference on January 26-28, 2024, hereby release and agree to indemnify, defend, hold harmless, release, discharge, and covenant not to sue UNI, Board of Regents-State of Iowa, State of Iowa, and all of their employees and agents (collectively, the "Releasees") from and against all liability, loss, damage, or costs, including claims and suits at law or in equity, for injury (fatal or otherwise) or property loss/damage arising out of or related to my participation in this Conference, whether caused by the negligence of Releasees or otherwise. I recognize there will be a variety of Conference events and programs, and I voluntarily assume all risks associated with participation in such activities, including travel to and from all Conference activities. I certify I am capable of participating in the Conference activities; if I determine I am not capable of participating in any activity, I will refrain from such activity.

In the event of injury or illness, I give my consent for UNI to obtain medical treatment for me. I authorize and give my consent for UNI employees or agents to administer general first aid for minor injuries and for UNI to secure any necessary medical treatment by a licensed health care provider. I agree to assume all costs related to any such treatment.

Alcohol and illicit drugs are nationally recognized as substances which may have a negative effect on the lives of college students. As student staff members who work primarily with college students under the legal drinking age, it is recognized that alcohol and drugs are not needed for a good time or to promote a positive atmosphere. Therefore, all events at the 2024 UNI RA Conference will be designated "alcohol and drug free." I acknowledge that the 2024 UNI RA Conference will be alcohol and drug free and understand that any violation of this policy can result in my immediate removal from the Conference and the UNI campus.

\_\_\_\_\_  
Date Signature

PLEASE RETURN THIS FORM COMPLETED AND SIGNED BY **EACH** CONFERENCE PARTICIPANT (*DELEGATES & ADVISORS*)  
YOUR ADVISOR CAN SCAN AND SEND VIA E-MAIL TO [raconference@uni.edu](mailto:raconference@uni.edu)  
YOU CAN ALSO SIGN WHEN YOU ARRIVE AT THE CONFERENCE AT CHECK IN.

**For further information, please contact Jordan Rockwell, RA Conference Chair.**  
You can call (319) 273-2333, or e-mail: [raconference@uni.edu](mailto:raconference@uni.edu)

