



## Iowa Department of Administrative Services

# LIABILITY RELEASE FORM

### PLEASE READ THIS CAREFULLY

**This affects rights you may have if you are injured or otherwise suffer damage while accompanying a State of Iowa Employee.**

I, \_\_\_\_\_ for and in consideration of the permission given to me to ride in a State of Iowa vehicle and to accompany any employee(s) of the State of Iowa during the performance of their duties, do agree and acknowledge that I am aware the duties and activities of the State of Iowa involve certain inherent dangers and that I may be subjected to the risk of death, personal injury, or damage to my property, and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected to accompanying any employee(s) of the State of Iowa during the performance of their duties or incidental activities.

**I hereby release and agree to indemnify and hold harmless** the State of Iowa, the Department of Administrative Services, its officers, employees and agents from any and all liability, claims, suits, demands or other causes of action arising out of or related to any loss, damage or injury that occurs as a result of my riding in any State of Iowa vehicle or while accompanying any employee(s) of the State of Iowa during the performance of their duties or incidental activities whether the loss, damage, injury, or death is caused by my negligence, the negligence of the State of Iowa, the Department of Administrative Services, its officers, employees, or agents, or the negligence of any third party.

I further agree that this Release and Waiver of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the State of Iowa, the Department of Administrative Services, its officers, employees or agents. I further agree this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

**By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth, I agree to all conditions set forth, and I sign this voluntarily.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_  
(If under 18 years of age)

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

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_