

**UNIVERSITY OF ARIZONA
STEWART OBSERVATORY ASTRONOMY CAMP
ASSUMPTION OF RISK AND RELEASE FORM**

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

Name of Student Participant: _____ Birth Date: _____

Parent/Guardian Name: _____

The UA Astronomy Camp Program (hereafter referred to as “the Program”) is organized and managed by the University of Arizona, with registration coordination through the UA Alumni Association. Completion of this form is required by each participant and their parent or guardian.

I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. I understand that the University of Arizona, the UA Alumni Association and their governing board, officers, employees, and agents (collectively the “University”) do not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. **Health & Safety.**

I understand and agree that the University does not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

3. **Standards of Conduct.**

I will comply with rules, standards and instructions for student behavior, required by the Program. I agree to comply with instructions from Program leaders, including safety regulations. I understand that I am not permitted to possess/use alcohol, illegal substances or weapons, or engage in sexual/illicit behavior while participating in the Program. I waive and release all claims against the University that are caused by my failure to comply with such rules, standards, and instructions.

I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility or other student participants. The University has the right to make changes in the format and administration of the Program. I understand that the University may have no control over the operations or premises of the Facility.

4. **Other Considerations**

The University will make every effort to operate the Program as planned, but we reserve the right to make itinerary and facility changes as necessary. If unforeseen circumstances require us to make changes, we will select alternative programming or accommodations of the same quality. I agree that the University shall not be responsible for losses or expenses I incur due to changes in or alterations of the Program, including any travel arrangement losses (e.g. airline, automobile, etc).

I understand that the University reserves the right to cancel any camp, and I agree that the University shall not be responsible for losses or expenses I incur due to cancellation of the Program, including any travel arrangement losses (e.g. airline, automobile, etc).

I further understand that I am solely responsible for any and all losses or costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or dismissal by representative(s) of the Program.

5. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the University, and the University of Arizona Alumni Association from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x _____
Signature of Student Participant

Date

x _____
Signature of Parent/Guardian
(if student is under age 18)

Date

Emergency Contact Information

Name of Parent/Guardian: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Address: _____ Email: _____