|  |  |  |
| --- | --- | --- |
| C:\Users\bp245\Desktop\NAU_PrimV_R_Transparent(1).png | **ARIZONA BOARD OF REGENTS FOR AND ON BEHALF OF NORTHERN ARIZONA UNIVERSITY**Contracting and Purchasing ServicesASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT FOR MINOR’S PARTICIPATION IN[INSERT NAME OF PROGRAM](“PROGRAM”)928-523-4557 | RETURN TO: NAU-Insurance@nau.edu PO Box 4067 Flagstaff, AZ 86011Revised 9/28/2016 |

|  |
| --- |
|  |
|  |
| **THIS DOCUMENT HAS LEGAL CONSEQUENCES. IT MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION. PLEASE READ IT CAREFULLY BEFORE SIGNING.** |

|  |
| --- |
|  |
| **Program Information** |
| Program (describe and include dates): |       |
| Department Contact (name, e-mail, phone): |       |
| Program Location: |       |
| Specific Potential Risks of Program: |       |

|  |
| --- |
|  |
| **Minor’s Information**  |
| Minor’s Name:  |       | Age: |       |
| Parent(s)/Guardian(s): |       |
| Address:  |       |
| City:  |       | State:  |       | Zip: |       |
| Phone Number: (Include Area Code)  |       | Cell:  |       | Work: |       |
| Emergency Contact(s): | Name:  |       | Relationship: |       |
| Phone Number(s): |       |
| Emergency Contact | Name:  |       | Relationship: |       |
| Phone Number(s): |       |

|  |
| --- |
|  |
| **Authorized Pick Up**  |
| Minor will be picked up at the end of the Program or for any authorized time spent off of campus by:  |
| Name:       | Relationship:       |
| Phone number(s):       |
| Identification will be required to be shown by the person who is picking up the minor. If the parent(s)/guardian(s) listed above is not the person picking up the minor, add name(s), relationship(s), and phone number(s) of other authorized individuals at the end of this document. |
|  |
| **Parent/Guardian Agreement** |
| I give permission for the minor,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this Northern Arizona University (“NAU” or “University”) Program. In consideration of allowing minor to participate in this Program and related activities, I, on behalf of minor and for myself and my spouse, if any, and our heirs, successors, and assigns:1. Acknowledge and understand that allowing minor to participate in the Program may involve a variety of activities. Such participation, particularly in field trips, “wilderness trips,” sports camps, and physical education, may involve risks, including but not limited to, serious personal injury, partial or permanent disability, property damage, and/or death. These risks may result from minor’s own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. I understand that I am responsible for ensuring that minor is properly prepared for all Program activities, and I represent that minor is in good health and is able to participate fully in all Program activities. I also understand that Northern Arizona University is not an agent of and has no responsibility for any third party that may provide any services during the program, including but not limited to, food, lodging, travel, and equipment associated with the Program.
2. Assume all of the foregoing risks and accept personal and financial responsibility for all damages for personal injury, partial or permanent disability, property damage, or death of minor, or caused by minor, to the fullest extent allowed by law.
3. Agree not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, agents, and assigns, and waive all claims, demands, losses, or damages on account of personal injury, partial or permanent disability, property damage, or death, caused or alleged to be caused in whole or in part by the actions of any person or entity, to the fullest extent allowed by law.
4. Grant to NAU and to its employees, agents and assigns the right to photograph minor and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes for use in connection with University Programs, whether electronic, print, digital or via the Internet.
5. Understand that the only medical treatment that will be provided by the Program is for such things as minor scrapes and bruises. Any medical costs, including emergency medical treatment that may be incurred as a result of minor’s participation in the Program will be my financial responsibility. Understand that medical care facilities may not be immediately available and I accept the increased risk that may pose in the event of injury.
6. Hereby consent to NAU and any appropriate medical facility, and/or to the physician(s) listed below (by parent/guardian), providing whatever medical services they may deem necessary for minor in the event of an emergency. I certify that I have adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.
7. Agree to review Program rules with minor and agree minor will comply with NAU’s rules, standards, as well as any specific standards of conduct of the program that may be provided. I understand that minor is not permitted to consume alcohol, possess/use weapons or illegal substances, or engage in sexual activities while participating in the Program. I understand minor may be removed from the Program for misconduct or failure to follow rules or instructions of NAU or for any behavior detrimental to or incompatible with the standards of NAU or the program, and I understand that in that event I may not be entitled to a refund of any or all Program fees and costs.
8. Waive and release all claims against the State of Arizona, the Arizona Board of Regents, and Northern Arizona University, their officers, employees, agents, and assigns that arise at a time when minor is not under the direct supervision of NAU or that are caused by minor’s failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.
9. Acknowledge and understand that it is the Participant’s sole responsibility to decline, decrease, or cease participation in the event of illness, injury or other medical condition. Understand that NAU may reduce or stop Participant’s participation, in its sole discretion, in the best interest of safety or to aid in the well-being of other participants. NAU may require further assessment and medical clearance from a physician prior to participation in the Program.
10. ACKNOWLEDGE THAT I HAVE READ THE ABOVE ASSUMPTION OF RISK, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.
 |
| Parent/Guardian Signature: | Date:       |

|  |
| --- |
|  |
| **Medical Information** |
| Local Physician(s) preferred (if possible): |       |
| Phone: |       |
| Insurance Company (if additional to Program insurance): |       |
| Policy: |       |
| Group Number: |       | Phone: |       |
| Please indicate any and all special medical conditions NAU may need to know about:       |
| List any allergies to any medicine, food, insect bites, stings, etc. and describe allergic reactions:       |
| List any and all medication(s) taken on a regular basis for any reason, including medication taken for illness(es), allergies, medical prescriptions, recent injuries or etc.; use additional paper if necessary, and please attach a copy of the prescriptions to this document:       |
| List any additional medical/physical information that NAU should be aware of (such as fitness level, ability to swim, bad joints, etc.:       |
| \* A complete and accurate statement of the physical factors that may affect participation in the Program is required. Omitting information or providing false information could result in serious harm to Participant or fellow participants.  |

|  |
| --- |
|  |
| **Minor’s Agreement** |
| I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that while participating in the Program, I will follow all rules, instructions, and policies pertaining to the program. |
| Minor’s Signature: | Date:       |
| IN ADDITION TO THE PARENT(S)/GUARDIAN(S) LISTED ON PAGE 1, THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MINOR: |
| **Name** | **Relationship** | **Phone Number** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |