

**ARIZONA BOARD OF REGENTS FOR AND ON BEHALF OF NORTHERN ARIZONA UNIVERSITY**

**ASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT FOR CHILD'S PARTICIPATION IN**

[INSERT NAME OF SPORTS CAMP/PROGRAM]

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  | **Age:** |  |
| **Parent(s)/Guardian(s):** |  |
| **Address:** |  | **City:** |  | **State:** |  | **Zip:** |  |
| **Telephone No. (Include Area Code) Home:** |  | **Cell:** |  | **Work:** |  |
| **Emergency Contact(s)** | **Name:** |  | **Relationship:** |  |
| **Phone Number(s):** |  |
| **Emergency Contact** | **Name:** |  | **Relationship:** |  |
| **Phone Number(s):** |  |

Child 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 child. If the parent(s)/guardian(s) listed above is not the person picking up the child, add name(s), relationship(s), and phone number(s) of other authorized individuals at the end of this document.***

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this Northern Arizona University (“NAU” or “University”) Program.

In consideration of allowing my child to participate in this Program and related activities, I, on behalf of my child and for myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that allowing my child to participate in the Program may involve a variety of activities. Such participation, particularly in field 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 my child’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 my child is properly prepared for all Program activities, and I represent that my child is in good health and is able to participate fully in all Program activities.
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 my child, or caused by my child, 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 my child 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 my child’s participation in the Program will be my financial responsibility.
6. Hereby consent to NAU, any appropriate medical facility, and/or to the physician(s) listed below (by parent/guardian), providing whatever medical services they may deem necessary for my child 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 my child and agree my child will comply with such rules. I understand my child may be removed from the Program for misconduct or failure to follow rules or instructions of NAU, 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 my child is not under the direct supervision of NAU or that are caused by my child’s failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.
9. **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Physician(s) preferred (if possible):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company (if additional to Program insurance): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any and all special medical conditions NAU may need to know

about:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List allergies to any medicine, food, insect bites, bee 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 prescription to this document.

**CHILD’S AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that while participating in the Program, I will follow all rules, instructions, and policies pertaining to the program.

Child Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN ADDITION TO THE PARENT(S)/GUARDIAN(S) LISTED ON PAGE 1, THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MY CHILD:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **PHONE NUMBER** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Department: Please forward all completed forms to: NAU, Insurance and Claims Services, PO Box 4067 Flagstaff, AZ 86011