



GEAR UP Lumberjack Leadership Summit



APPLICATION & CHECKLIST

To apply for the 2023 GEAR UP Lumberjack Leadership Summit, taking place **Monday June 5th to Friday June 9th, 2023**

To help ensure you complete the entire application, check the boxes below as you complete each section, then return to your GEAR UP Coach or school counselor by _____ in order to be eligible for selection.

Guardians and applicants must read and complete this entire application.

Application Deadline: Friday, March 31st, 2023

Digital applications can also be downloaded at <https://in.nau.edu/gear-up/summer/>

Eligibility Requirements

1. Must be attending an Arizona GEAR UP High School
2. Must be a rising Sophomore, Junior or Senior (priority will be given to rising Sophomores)
3. Must be able to participate in all Leadership Summit dates
4. Must stay on campus at Northern Arizona University
5. Priority will be given to new applicants.

Checklist

- | | |
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Part I. Student Expectations for Conduct

GEAR UP Lumberjack Leadership Summit at NAU provides an opportunity for selected AZ GEAR UP students to come together within a supportive community built on respect, responsibility and trust. In order to create and sustain such a community, students must agree to meet specific expectations for behavior.

By completing the application, your child may be selected to participate in the GEAR UP Lumberjack Leadership Summit at NAU. Therefore, we encourage you to review/discuss these expectations with your child.

EXPECTATIONS:

Students must:

- 👉 Strive to do their best.
- 👉 Respect individuals of different races, cultures, religions, genders, sexual orientations, disabilities, and national origins.
- 👉 Behave in a friendly, cooperative, and responsible manner toward everyone in the GEAR UP, NAU and Flagstaff communities.
- 👉 Attend all class sessions, meals, activities, and meetings.
- 👉 Give all prescription medications to the Program Administrators for dispensing at the appropriate time.
- 👉 Always remain on campus unless participating in a scheduled program activity off campus.
- 👉 Proceed around campus accompanied by a program staff member unless explicit permission is provided by a staff member to travel on campus unaccompanied.

GEAR UP Lumberjack Leadership Summit Participants must not:

- 👉 Enter any residence room. *
- 👉 Possess or use alcohol, drugs, or tobacco. *
- 👉 Bully, act violently against another person, or use any form of physical, verbal or emotional abuse or intimidation of others. *

** Violations of these expectations will result in immediate dismissal from the leadership summit. Parents will be expected to arrange for their child's transportation home, and legal action will be taken when appropriate.*

Part II. Personal Information (Please print clearly, in black ink)

Student Name: _____

Mailing Address: _____

Street, Route, Box

City

State

Zip Code

Student Cell Phone: (____) _____ **Age:** _____ **Birth date:** ____/____/____
Month Day Year

Gender Assigned at Birth: _____ **Current Preferred Pronouns:** _____

School Name: _____ **Student email:** _____

Non-school email address

Student shirt size (Adult size shirts): X-Small Small Medium Large XL 2XL 3XL 4XL 5XL

What year will you graduate high school? 2024 2025 2026 2027

Have you attended the Lumberjack Leadership Summit before? Yes No

Please check this box to opt-in to 2023 GEAR UP Lumberjack Leadership Summit updates for students via text messaging services. Message and data rates will apply.

Guardian Information

Guardian #1

Name: _____

Relation: _____

Day Phone Number: (____) _____

Evening Phone Number: (____) _____

Cell Phone Number: (____) _____

Email Address: _____

Guardian #2

Name: _____

Relation: _____

Day Phone Number: (____) _____

Evening Phone Number: (____) _____

Cell Phone Number: (____) _____

Email Address: _____

Which guardian has custody of the student? Both Guardian #1 Guardian #2 Other: _____

Please check this box to opt-in to 2023 GEAR UP Lumberjack Leadership Summit updates for guardians via text messaging services. Message and data rates will apply.

Part III. Housing (Please print clearly, in black ink)

Participants have the opportunity to room with one person of the same gender. In order for you to match with your declared roommate both participants must identify each other on their respective applications.

Proposed Roommate Full Name: _____

*It is not a guarantee that you will be roomed with the person listed. You will not be able to make any roommate changes once your application is submitted. If you leave this blank or if your roommate does not attend the Lumberjack Leadership Summit, you will be assigned a roommate.

Part IV. Transportation (Please print clearly, in black ink)

Students must be transported to Northern Arizona University in Flagstaff, Arizona in-order to participate in summit activities. Please select your plan for transportation.

1. _____ Guardian will transport student.
2. _____ **Arizona GEAR UP 5E school transportation**
This option is available to students attending Amphitheatre High School, Buckeye Union High School, Coronado High School, Tonopah Valley High School, and Youngker High School.
3. _____ **Arizona GEAR UP transportation from Central Phoenix**
This option is available to anyone who does not attend a 5E school.
4. _____ **Arizona GEAR UP transportation from Tucson**
This option is available to anyone who does not attend a 5E school.

*Students are unable to drive themselves and/or other participants to and from the Arizona GEAR UP Leadership Summit at the NAU Flagstaff Mountain Campus.

Part V. Special Accommodations (Please print clearly, in black ink)

All participants are welcome. Accommodations can be provided upon request for people with disabilities. Please write any specific needs below and ensure that you list a valid phone number. We will give you a call to discuss further.

Contact Name: _____ Phone Number: _____

Part VI. STEAM Activity (Please print clearly, in black ink)

Participants will have the option of participating in 1 of 3 STEAM projects. Below you will need to rank the options 1-3 with 1 being your first/favorite option and 3 being your least favorite option.

Rank (1-3): _____ Robotics _____ Engineering _____ Coding

*It is not a guarantee that you will receive our first or even second selection as some activities may fill up quicker than others.

Part VII. Student Medical Information (Please print clearly, in black ink)

To be completed by guardian		Monday June 5 – Friday June 9, 2023				
Student's Name		Last	First	Middle Initial		
Address			Birthdate		Gender	
Father/Guardian		Mother/Guardian				
Daytime Phone		Daytime Phone				
Evening Phone		Evening Phone				
Cell phone		Cell phone				
Insurance Company Name		Insurance Company Name				
Policy # and group #		Policy # and group #				
Prescription Medication Card #		Prescription Medication Card #				
Emergency Contact #1 <small>(other than parent/guardian; must be in US)</small>		Emergency Contact #2 <small>(other than parent/guardian; must be in US)</small>				
Relationship to student		Relationship to student				
Daytime Phone		Daytime Phone				
Evening Phone		Evening Phone				
<input type="checkbox"/> Student is not covered by any medical insurance.						
Check the one that applies below:						
<input type="checkbox"/> My child takes regular medications. I understand that medications (including prescription medications, over-the-counter medicines, vitamins, and supplements) will be dispensed by GEAR UP staff only, and that my child may not keep medications with him or her (with the exceptions of inhalers, insulin, epi-pens, and topical medications). I understand that all medications must be in their original containers and will be given according to physician or package directions.				<input type="checkbox"/> My child does not take regular medications at this time.		
Please Print Legibly:						
Medication Name		Dose	Time (check as many as apply)			
This medication is for:			Breakfast	Lunch	3pm	
			Dinner	Bedtime		
Medication Name		Dose	Time (check as many as apply)			
This medication is for:			Breakfast	Lunch	3pm	
			Dinner	Bedtime		
Medication Name		Dose	Time (check as many as apply)			
This medication is for:			Breakfast	Lunch	3pm	
			Dinner	Bedtime		

Part VII. Student Medical Information, (cont.) (Please print clearly, in black ink)

Student Name:

Monday June 5 – Friday June 9, 2023

Over-the-counter medications:

GEAR UP will supply the following medications (or their generic equivalents) as needed for the symptoms indicated, and according to package directions. Check off those medications that your child **CAN** receive on an as needed (PRN) basis. We cannot dispense any not checked.

<input type="checkbox"/> Advil (ibuprofen for pain and fever)	<input type="checkbox"/> Alka-Seltzer Cold & Flu	<input type="checkbox"/> Benadryl for allergy symptoms
<input type="checkbox"/> Throat drops & throat spray	<input type="checkbox"/> Midol / Pamprin for menstrual cramps	<input type="checkbox"/> Mira lax for constipation
<input type="checkbox"/> Imodium for diarrhea	<input type="checkbox"/> Pepto Bismol & Tums for stomach upset	<input type="checkbox"/> Tylenol for headache, fever, or pain
<input type="checkbox"/> Robitussin DM for Cough	<input type="checkbox"/> Sudafed for sinus congestion	<input type="checkbox"/> Visine for eye irritation

Please do not give my child the following medications under ANY circumstances:

Allergies to medications, foods, insect bites, etc:

Does your child carry an epi-pen for allergies? Yes No

History of operations or serious illness:

Is your child under the care of a psychologist, psychiatrist, or counselor? If so, please give contact information:

Please give information about your child’s medical history below. This information will be necessary in the event that your child needs emergency medical treatment. Check if there is a history of problems or condition:

<input type="checkbox"/> Ear/sinus infections	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Musculoskeletal disorders
<input type="checkbox"/> Migraines/headaches	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema/skin disorder
<input type="checkbox"/> Hearing/vision impairments	<input type="checkbox"/> Gastrointestinal disorders	<input type="checkbox"/> ADD or ADHD
<input type="checkbox"/> Asthma	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Depression/anxiety
<input type="checkbox"/> Bronchitis/pneumonia	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Neurological disorder	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Hemophilia/anemia/blood disorder	<input type="checkbox"/> Seizures/fainting	<input type="checkbox"/> Other

Details of conditions checked above (please provide additional pages as needed)

COVID 19 Protocol:

- Participants will not be required to be vaccinated in order to attend the 2023 GEAR UP Lumberjack Leadership Summit.
- Students will be required to abide by NAU mask policies at the time of the summer program. This may include wearing a mask indoors and/or outdoors for part or all of the time.

Is your student vaccinated or do you plan to have them vaccinated from the COVID-19 Virus? Yes No

Part V. Permission to Treat & Liability Waiver:

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, contracting COVID-19, 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. 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.
5. Hereby consent to NAU, any appropriate medical facility, including but not limited to the Campus Health Services located on the Northern Arizona University main campus, 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.
6. 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.
7. **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.**

Signature of legal guardian: _____ **Date:** _____

Part VI. Student & Parent/Guardian Agreement:

We (Guardians and student) have read the 2022 GEAR UP Lumberjack Leadership Summit Student Expectations and we agree the student will follow all rules and guidelines for student conduct. We realize that NAU/AZ GEAR UP reserves the right to ask the student to leave the program for medical, disciplinary, or other reasons. If asked to leave, we understand the student must leave NAU within 24 hours, and we (the guardians) must arrange transportation. If the student is asked to leave for disciplinary reasons, we understand that the student may not be permitted to attend future NAU/AZ GEAR UP summer programs.

We understand that under extenuating circumstances, it may be necessary for NAU/AZ GEAR UP to search students' rooms and belongings unannounced, in the interest of your student's and others' safety and well-being.

Parents:

- I am responsible for the cost of repairing or replacing any property that my child damages at the site.
- I am responsible for any expenses which are not covered by the tuition, room, and meals fees.
- I am responsible for any medical costs incurred by my child while enrolled in the program.
- Should my child be selected to attend, I must have the Medical Form properly completed by the appropriate deadline. **I understand that my child will not be admitted to the program if the properly completed forms are not returned.**

I give permission for my child to:

- participate in GEAR UP Lumberjack Leadership Summit sponsored trips off-campus, including, but not limited to field trips. I understand that my child will be supervised by NAU staff. I agree that NAU employees, who are NAU Authorized drivers, may transport my child to program activities while attending GEAR UP Lumberjack Leadership Summit.
- be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of his/her work broadcast or published. I understand that GEAR UP Lumberjack Leadership Summit will exercise discretion regarding media contact.
- complete all assessments and surveys that GEAR UP Lumberjack Leadership Summit deems necessary to evaluate program effectiveness.

As the guardian of _____, I understand the conditions of the GEAR UP Lumberjack Leadership Summit and consent to them as outlined. I give permission for my student to participate in the GEAR UP Lumberjack Leadership Summit at NAU.

Guardian Signature

Date

Student:

I agree to follow all rules and expectations for participation in the GEAR UP Lumberjack Leadership Summit at NAU, and understand that my continued membership in the NAU/GEAR UP community depends on my willingness to follow these rules.

Student Signature

Date



Contracts, Purchasing,
and Risk Management

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

Contracts, Purchasing and Risk Management

**ASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT
FOR NON-STUDENT MINOR PARTICIPATION**

**Lumberjack Leadership Summit
("PROGRAM")**

928-523-4557

RETURN TO:

NAU-Insurance@nau.edu

PO Box 4067
Flagstaff, AZ 86011

Revised 05/28/2020

Program Information

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

Program Description and Dates: 5-day summer program for AZ GEAR UP high school students June 5-9, 2023

Department Contact
(name, e-mail, phone): Jasmine Dean, jasmine.dean@nau.edu, (602) 776-4616

Program Location: NAU Mountain Campus

Specific Potential Risks to Participants: personal and financial responsibility for all damages personal injury, partial or permanent disability, property damage, or death.

Minor's Information

Minor's Name: _____ Age: _____

Parent(s)/Legal Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

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 to Program staff by the person who is picking up the Non-Student Minor. If the parent(s)/legal guardian(s) listed above is not the person picking up the Non-Student Minor, add name(s), relationship(s), and phone number(s) of other authorized individuals below.

IN ADDITION TO THE PARENT(S)/LEGAL GUARDIAN(S) LISTED ABOVE, THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP NON-STUDENT MINOR:

Name: _____ Relationship: _____ Phone Number: _____

Parent/Guardian Agreement

I affirm that I am the adult parent or legal guardian of _____, a Non-Student Minor under the age of eighteen (18), and I consent to their participation in this Program. In consideration of allowing Non-Student Minor to participate in this Program and related activities, I, on behalf of Non-Student Minor and for myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that allowing Non-Student 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, sickness, disease or illness, property damage, and/or death. These risks may result from Non-Student 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 Non-Student Minor is properly prepared for all Program activities, and I represent that Non-Student Minor is in good health and is able to participate fully in all Program activities. If the Program is an on-line activity, risks include but are not limited to, data mining, phishing, viruses, malware, data breach of on-line information, cyberbullying, exploitation, cyber stalking, on-line grooming, cyber predators, and image replication. Knowing these risks may occur in an on-line Program, I choose to have Non-Student Minor participate in the Program. 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. I acknowledge that Northern Arizona University has taken enhanced health and safety measures, in accordance with guidelines from the U.S. Centers for Disease Control and Prevention, in response to the COVID-19 pandemic. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By allowing Non-Student Minor to attend the Program at Northern Arizona University, I voluntarily assume all risks related to Non-Student Minor's exposure to COVID-19.
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 Non-Student Minor, or caused by Non-Student 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 Northern Arizona University and to its employees, agents and assigns the right to photograph Non-Student Minor and use the photo and or other digital reproduction of them or other reproduction of their physical likeness for publication purposes for use in connection with Northern Arizona University Programs, whether electronic, print, digital or via the Internet, so long as I have signed the Non-Student Minor Release Form.
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 Non-Student Minor's participation in the Program will be my financial responsibility. I further understand that medical care facilities may not be immediately available and I accept the increased risk in the event of injury or death.
6. Hereby consent to Northern Arizona University and any appropriate medical facility, and/or to the physician(s) listed below, providing whatever medical services they may deem necessary for Non-Student 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 Non-Student Minor and agree Non-Student Minor will comply with Northern Arizona University rules, standards, as well as any specific standards of conduct of the Program that may be provided. I understand that Non-Student 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 Non-Student Minor may be removed from the Program for misconduct or failure to follow rules or instructions of Northern Arizona University or for any behavior detrimental to or incompatible with the standards of Northern Arizona University 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 Non-Student Minor is not under the direct supervision of Northern Arizona University or that are caused by Non-Student 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 either the Non-Student Minor or Northern Arizona University has the right to decline, decrease, or cease Non-Student Minor's participation in the event of illness, injury or other medical condition.
10. Understand that Northern Arizona University may reduce or stop Non-Student Minor's participation, in its sole discretion, in the best interest of safety or to aid in the well-being of other participants. Northern Arizona University may require further assessment and medical clearance from a physician prior to participation in the Program.



Contracts, Purchasing,
and Risk Management

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

Contracts, Purchasing and Risk Management

**BEHAVIORAL EXPECTATIONS FOR NON-STUDENT
MINORS**

Lumberjack Leadership Summit

(“PROGRAM”)

928-523-4557

RETURN TO:

NAU-Insurance@nau.edu

PO Box 4067
Flagstaff, AZ 86011

Revised 06/30/2020

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

If not defined within the form, all capitalized words shall have the meaning as set forth in the Northern Arizona University Supervision of Non-Student Minors Policy.

Northern Arizona University is committed to providing a safe, enjoyable, and healthy learning environment for all Non- Student Minors involved in Programs on its campus to include virtual or on-line programs. Northern Arizona University encourages an environment of mutual respect. In order to promote the health and safety of all involved, participation by a Non-Student Minor may be terminated at the discretion of Program staff if the Non-Student Minor does not abide by these expectations.

Non-Student Minors are expected to follow all Northern Arizona University policies as well as the guidelines listed below:

1. Work cooperatively and respectfully with other Participants, volunteers, faculty, and staff.
2. Follow established Program rules and directions.
3. Use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in removal or suspension from the Program.
4. Use all Northern Arizona University property and materials appropriately. Charges may be incurred in the event of misuse or damage.
5. Dress appropriately for the activities as directed by Program staff, including the use of safety gear where required.
6. Remain on property where the Program is held or with the group at all times. Participants should not leave the property or group without prior notification and authorization from Program staff.
7. Obey all local, state, and federal laws.
8. Do not bring any prohibited items to Program activities and events, including for example tobacco, alcohol, drugs, illicit material, or weapons. Northern Arizona University’s campus and facilities are weapons and tobacco-free.
9. Do not host guests in Northern Arizona University-owned or provided overnight accommodations without express permission from Program staff.
10. Report to Program staff any abuse or neglect committed against any Non-Student Minor during the Program.

Parent/Legal Guardian Certification

I certify that I have read, understand, and discussed the above expectations with my Non-Student Minor.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date:



Contracts, Purchasing,
and Risk Management

**ARIZONA BOARD OF REGENTS
FOR AND ON BEHALF OF
NORTHERN ARIZONA UNIVERSITY**
Contracts, Purchasing and Risk Management
NON-STUDENT MINOR IMAGE RELEASE

Lumberjack Leadership Summit

("PROGRAM")

928-523-4557

RETURN TO:

NAU-Insurance@nau.edu

PO Box 4067
Flagstaff, AZ 86011

Revised 01/31/2020

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If not defined within the form, all capitalized words shall have the meaning as set forth in the Northern Arizona University Supervision of Non-Student Minors Policy.

I am the parent or legal guardian of _____ (Non-Student Minor). On behalf of the Non-Student Minor, I grant permission to the Arizona Board of Regents, for and on behalf of Northern Arizona University and its agents or employees, to make and/or use photographs, videos, or digitally recorded images (Images) taken of the Non-Student Minor while participating in the above named Program, for use in Northern Arizona University publications such as recruiting brochures, newsletters, and magazines, and to use such Images on display boards, or electronic versions of the same publications, or on Northern Arizona University websites or other electronic forms or media, and to offer them for use or distribution in other non- Northern Arizona University publications, electronic or otherwise, without notifying me.

I waive any right to inspect or approve the finished Images or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known or unknown to me, and I waive any right to royalties or other compensation arising from or related to the use of the Images.

I agree to release and hold harmless the Arizona Board of Regents, on behalf of Northern Arizona University and its agents or employees, and any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date:



Contracts, Purchasing,
and Risk Management

**ARIZONA BOARD OF REGENTS
FOR AND ON BEHALF OF
NORTHERN ARIZONA UNIVERSITY**
Contracts, Purchasing and Risk Management
**DISCLOSURE AND APPROVAL OF ONE-ON-ONE
INTERACTION WITH NON-STUDENT MINORS**

Lumberjack Leadership Summit

("PROGRAM")

928-523-4557

RETURN TO:

[NAU-
Insurance@nau.edu](mailto:NAU-Insurance@nau.edu)

PO Box 4067
Flagstaff, AZ 86011

Revised 01/31/2020

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If not defined within the form, all capitalized words shall have the meaning as set forth in the Northern Arizona University Supervision of Non-Student Minors Policy.

Program Supervisor Information

Name: Jasmine Dean

Title: Middle Grade Manager, GEAR UP

Phone: (602) 776-4616

Email: jasmine.dean@nau.edu

One-on-One Interactions with Non-Student Minor Information

Describe necessity for One-on-One Non-Student Minor Interaction(s):

The necessity for one-on-one non-student minor interactions will only be in medical or transporting situations.

Describe the nature of the One-on-One Non-Student Minor Interactions:

Participants who need medical treatment may be in a one-on-one non-student minor interaction with the Health Coordinator if they are taking medications, are ill or injured. Participants may also need to be transported by staff alone in some necessary situations.

Describe the setting(s) of the One-on-One Non-Student Minor Interactions:

If participants are with the health coordinator this would be the office where medical situations will be handled. If the student is being transported this could be by car or walking through campus.

Describe safeguards that will be implemented for One-on-One Non-Student Minor Interactions:

These instances will be limited and will require the need of timing so that they are only in limited times.

List of Authorized Adults that could have One-on-One Non-Student Minor Interactions:

These individuals will be Arizona GEAR UP staff that will be background checked and fingerprinted.

Authorization

With my signature below, I authorize the above-named Program to have One-on-One Non-Student Minor Interactions between the Authorized Adults named herein and Non-Student Minors and certify all Authorized Adults have successfully completed any required training and passed required background and fingerprint screenings.

**Program Supervisor
Signature:**

Date:

Parent/Legal Guardian Approval

I understand that the above-named Program may involve One-on-One Interaction, as defined in Northern Arizona University's Supervision of Non-Student Minors Policy and in this form, with my Non-Student Minor and, by signing below, I authorize my Non-Student Minor to participate in the Program.

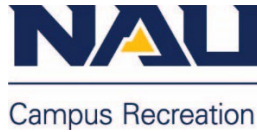
**Parent/Legal
Guardian Name:**

**Non-Student
Minor Name:**

**Parent/Legal
Guardian Signature:**

Date:

Part XIV. Challenge Course Waiver:



ARIZONA BOARD OF REGENTS FOR AND ON BEHALF OF NORTHERN ARIZONA UNIVERSITY ASSUMPTION OF RISK, WAIVER, AND RELEASE FOR PARTICIPATION IN VOLUNTARY PROGRAMS

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

Program (describe and include dates):	Gear Up Challenge Course Program
Department Contact (name, email, phone):	Devon Dorn; devon.dorn@nau.edu ; 928-523-5010
Program Location:	Northern Arizona University

Participant Name:			
Emergency Contact	Name:	Relationship:	
Phone Number(s):			

In consideration of being allowed to participate in the above-mentioned Northern Arizona University ("NAU" or "University") Program, I, _____ ("Participant"), on behalf of myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that participation in the Program may involve a variety of activities. Such participation, particularly in field trips, "wilderness trips", and similar events, 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 own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. 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. I understand that I am responsible for ensuring that I am properly prepared for all Program activities, and I represent that I am in good health and am 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, caused by me, 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 me and use the photo and or other digital reproduction of me or other reproduction of my physical likeness for publication processes for use in connection with University Programs, whether electronic, print, digital or via the Internet.
5. 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. Understand that NAU does not have medical personnel available at the Program location, and I agree that any medical costs, including emergency medical treatment that may be incurred as a result of my participation in the Program will be my financial responsibility.
7. Hereby consent to NAU, any appropriate medical facility, and/or to the physician(s) listed below, providing whatever medical services they may deem necessary 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.
8. Agree that I will comply with NAU's rules, standards, and instructions for student behavior, including the Student Code of Conduct, as well as any specific standards of conduct of the Program that may be provided to me. The Student Code of Conduct can be found at: <https://nau.edu/university-policy-library/student-code-of-conduct/>. I understand that I am not permitted to consume alcohol, possess/use weapons or illegal substances, or engage in sexual activities while participating in the Program. I agree that the University has the right, in its sole discretion, to enforce the standards of conduct described above, and that it may impose sanctions, up to an including expulsion from the Program or from the University, for violating

these standards or for any behavior detrimental to or incompatible with the standards of the University or the Program. I understand that the University has the right to make changes to the format and administration of the Program.

9. 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 I am not under the direct supervision of NAU or that are caused by my failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.
10. 10. 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 the University 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. University may require further assessment and medical clearance from a physician prior to participation in the Program.
11. **11. 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.**

Medical Information of Participant*:

*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.

Physical activity level: _____

Any relevant activity experience? _____

Recent medical incidents (any injury, illness, operation or hospitalization in the past 2 years)? _____

Any physical limitations or impairments? Balance issues or fear of heights/vertigo? Pregnancy? _____

Medical condition: Do you have or have you ever had any of the following diseases or problems?

- Allergies (to any medicine, food, drugs, insect bites, bee stings, etc.)? Severity? _____
- Anxiety and/or depression? _____
- High blood pressure? _____
- Asthma? _____
- Epilepsy? _____
- Diabetes? _____
- Cardiovascular disease, heart attack, or stroke? _____

Please explain any 'Yes' answer: _____

List any relevant medications currently taken by Participant: _____

List any additional medical/physical information/concerns that your instructors should be aware of (ability to swim, bad joints, etc.): _____

I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from liability on my and the Participant's behalf, (b) waiving my and the Participant's right to sue the University, (c) and assuming all risks of Participant's participation in this Program, including travel to and from the Program or any events incidental to this Program. I allow the Participant to participate in this Program. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

Parent/Guardian Signature (if participant is under age 18): _____ Date: _____