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|  <p>Contracts, Purchasing,<br/>and Risk Management</p> | <p align="center"><b>ARIZONA BOARD OF REGENTS<br/>FOR AND ON BEHALF OF<br/>NORTHERN ARIZONA UNIVERSITY</b></p> <p align="center">Contracts, Purchasing and Risk Management</p> <p align="center">ASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT<br/>FOR NON-STUDENT MINOR PARTICIPATION</p> <p align="center">("PROGRAM")</p> <p align="center">928-523-4557</p> | <p>RETURN TO:</p> <p><a href="mailto:NAU-Insurance@nau.edu">NAU-Insurance@nau.edu</a></p> <p>PO Box 4067<br/>Flagstaff, AZ 86011</p> <p>Revised 05/28/2020</p> |
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| <b>Program Information</b>                                                                                                                                                                                                                                                                                              |               |               |
| <i>THIS DOCUMENT HAS LEGAL CONSEQUENCES. IT MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION. PLEASE READ IT CAREFULLY BEFORE SIGNING.</i>                                                                                                                                                                           |               |               |
| Program Description and Dates:                                                                                                                                                                                                                                                                                          |               |               |
| Department Contact<br>(name, e-mail, phone):                                                                                                                                                                                                                                                                            |               |               |
| Program Location:                                                                                                                                                                                                                                                                                                       |               |               |
| Specific Potential Risks to Participants:                                                                                                                                                                                                                                                                               |               |               |
| <b>Minor's Information</b>                                                                                                                                                                                                                                                                                              |               |               |
| Minor's Name:                                                                                                                                                                                                                                                                                                           |               | Age:          |
| Parent(s)/Legal Guardian(s):                                                                                                                                                                                                                                                                                            |               |               |
| Address:                                                                                                                                                                                                                                                                                                                |               |               |
| City:                                                                                                                                                                                                                                                                                                                   | State:        | Zip:          |
| Phone:                                                                                                                                                                                                                                                                                                                  | Cell:         | Work:         |
| Emergency Contact:                                                                                                                                                                                                                                                                                                      |               | Relationship: |
| Phone:                                                                                                                                                                                                                                                                                                                  |               |               |
| Emergency Contact:                                                                                                                                                                                                                                                                                                      |               | Relationship: |
| Phone:                                                                                                                                                                                                                                                                                                                  |               |               |
| <b>Authorized Pick Up</b>                                                                                                                                                                                                                                                                                               |               |               |
| <i>Minor will be picked up at the end of the Program or for any authorized time spent off of campus by:</i>                                                                                                                                                                                                             |               |               |
| Name:                                                                                                                                                                                                                                                                                                                   |               | Relationship: |
| Phone number(s):                                                                                                                                                                                                                                                                                                        |               |               |
| <i>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.</i> |               |               |
| <i>IN ADDITION TO THE PARENT(S)/LEGAL GUARDIAN(S) LISTED ABOVE, THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP NON-STUDENT MINOR:</i>                                                                                                                                                                              |               |               |
| Name:                                                                                                                                                                                                                                                                                                                   | Relationship: | Phone Number: |
|                                                                                                                                                                                                                                                                                                                         |               |               |
|                                                                                                                                                                                                                                                                                                                         |               |               |
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## 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.

11. ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE ASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT FOR NON-STUDENT MINOR PARTICIPATION FORM AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

12. No oral or written representations can or will alter the contents of this document. I agree that this document shall be governed by the laws of the State of Arizona.

Parent/Legal Guardian Signature:

Date:

### Medical Information

Provide a complete and accurate statement of the physical factors that may affect participation in the Program.

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 Northern Arizona University may need to know about:

List any allergies, to include but not limited to, any medications, food, insect bites, and stings, and describe allergic reactions:

List any and all medication(s) taken on a regular basis for any reason, to include but not limited to, medication taken for illness(es), allergies, pain and injuries; use additional paper if necessary:

List any additional medical/physical information that Northern Arizona University should be aware of, to include but not limited to fitness level, ability to swim, and mobility or sensory limitations: