

Participant Name:

1. Activities

Document activity or activities here. Provide as much detail as possible.

2. Participant Emergency Contact Information

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: _____

Home Phone : _____ Work Phone: _____

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: _____ Phone: _____

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

3. Consent of Participant

I am signing this Release so that I can participate in the activities described above. This Release, Indemnity and Assumption of Risk Statement, covers all events and occurrences associated with the activities, including any associated travel, meals, and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to me or damage to my property while I am participating in, or observing, the activities or while I am traveling to or from the activities. I agree to indemnify the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees and not to sue ASU for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to the negligence or fault of ASU. I understand that my participation in these activities is voluntary.

Note: In this agreement, "ASU" means the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees.

Signature of Participant: _____

Date: _____

If Participant is younger than 18 years old, Parent or Legal Guardian must also sign:

Signature of Parent or Legal Guardian:

Date: _____