

RELEASE, INDEMNITY, AND ASSUMPTION OF RISK

Arizona State University, School of Earth and Space Exploration

This Release, Indemnity and Assumption of Risk Statement covers all events, activities and occurrences associated with the School of Earth and Space Exploration's Camp SESE including any associated necessary travel. If I have any concerns about my child's health or ability to participate, I agree to discuss my concerns with my physician before deciding to allow my child to participate.

Additionally, I hereby grant permission to the Arizona Board of Regents, on behalf of Arizona State University and its agents or employees, to copyright and publish all or any part of photographs and/or motion pictures and/or voice recordings and/or written/spoken statements taken of my child in any and/or all of the sponsored events and activities for use in university publications, including printed, moving, audio and electronic, all exhibitions, public displays, publications, commercial art, and advertising purposes in any media without limitation or reservation; and I waive any right to royalties or other compensation arising from or related to the use of the photographs/motion/pictures/voice recordings/written/ spoken statements.

I understand the risks of travel, sponsored events and activities and agree to assume the risk that unexpected events may occur and result in harm, injury or illness to my child, or damage to or loss of my child's property during my child's participation. I agree to indemnify the State of Arizona, Arizona Board of Regents, and Arizona State University and not to sue any of the named parties for any harm or damage associated with my child's participation or travel if the harm or damage is not due to the negligence or fault of ASU. I understand that my child's participation in these Activities is voluntary.

In this agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona, the School of Earth and Space Exploration and their employees and agents.

I, being an adult, have read the above statement and fully understand the contents, consequences and implications of signing this document, and hereby grant permission for my minor child to participate in the events and activities under the conditions noted above, acknowledging the conditions apply to Parent/Guardian as well as the Child. I understand that the contact information I provide below may be used to mail future event materials to me.

Signature Parent/Guardian _____

Name of student: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Email: _____

Phone Number: _____

Date: _____

*Please fill out this form and scan it and email it to bdial@asu.edu
OR fax it Attn: Becca Dial to 480-965-8102