**General Participant Agreement**

School/group name:

School contact person:

Program dates:

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and agreed to abide by the following rules during the UA Sky School Program:**

1. Alcoholic beverages or illegal drugs (including marijuana) are not permitted on campus, in any building thereon, or at any function sanctioned by the University of Arizona either on- or off–campus. Possession, use, ownership, or sale is included in this prohibition.

2. Handling of any type of fire-protection equipment including alarms, hoses, extinguishers, spray heads, etc., is strictly forbidden except when fire emergencies require. Full participation in drills and response to any fire alarm is required.

3. Firearms and explosives of any kind are prohibited on site or during participation in UA Sky School activities. Other dangerous devices such as gas-powered weapons, slingshots, pocket knives of any size, etc., are also prohibited.

4. Cost of damage to or theft of any university property will be billed to the School District, which will pass on these costs to me or my guardian.

5. I will attend all activities, will participate appropriately, and will complete all assignments.

6. I will remain at the Steward Observatory Mount Lemmon Station with a chaperone or teacher, except during planned group activities and field investigations. Dormitory chaperones will serve as “parents away from home”. I will be required to seek permission from chaperones concerning other extracurricular activities, and must comply with the chaperone’s decision. I understand that there will be limited free time before bedtime.

7. I will be in my dormitory room each night at the hour dictated by daily activities. Chaperones will conduct a room check at 9:30 p.m. Lights out will occur at 10:00 p.m., after which quiet hours will be observed.

8. The rules that apply at my school also apply at the UA Sky School. Sky School is not a vacation destination, nor a nature camp. It is a *science school* much like the school I attend every day. Where rules are not explicitly stated, behavioral expectations of my regular teachers should apply.

9. If I am dismissed from the program for any reason deemed necessary by Sky School staff, it is my parent/guardian’s responsibility to provide transportation for me from the Steward Observatory Mount Lemmon Station to home immediately.

10. I will act courteously and responsibly to other Sky School participants, instructors, and staff.

11. Participants may be transported in University of Arizona vans or shuttles, as program needs necessitate (e.g. traveling to a field site or transportation on site due to inclement weather). Sky School staff are properly certified as drivers of High Occupancy Vehicles and/or hold a commercial driver’s license.

12. I grant permission to the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, to use photographs, videos, or digitally recorded images (collectively “images”) taken of me (or my Minor child) while participating in UA Sky School activities, for use in 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 University websites or other electronic forms or media, and to offer them for use or distribution in other non-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 to me or unknown, 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 the University of Arizona and its agents or employees, including 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.  
  
If I do not want images used, I must submit a written note on this form (write in below) prior to the start of activities with UA Sky School.

13. I authorize the University of Arizona to use my or my child’s/dependent’s contact information to inform me/him/her of upcoming University events and activities**.**

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant’s actions and terms of the above agreement.**

***Name of Participant (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name of Parent/Legal Guardian (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Assumption of Risk and Release Form**

*THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.*

Facility site:  **UA Sky School at the Steward Observatory Mount Lemmon Station**

1. I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. More specifically, I acknowledge and accept the following risks:
   * 1. High Altitude -- Elevation is 9,157 ft, which may include freezing cold and windy conditions, even in the summer months. Altitude sickness, shortness of breath, headaches or other health difficulties may be associated with being at high altitude.
     2. Remote location and rugged terrain. Walking surfaces may be uneven, steep, and covered with snow or ice.
     3. Mountain driving which may included hazardous driving conditions i.e. ice/snow/rocks/ wild life, and road surfaces that may be deteriorated or otherwise hazardous for travel.
     4. Weather conditions may change rapidly with little or no advance warning.
     5. Participating in night time activities in dimly lit environment.

b. I accept full responsibility for any injuries or illness that I may sustain in the course of the Program activities. I understand that the UA Sky School and the University of Arizona and their governing board, officers, employees, and agents (collectively the “University”) do not require me to participate in the Program, but I am choosing to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. **Health & Safety**.

I understand and agree that the University does not have medical personnel available at the Steward Observatory Mount Lemmon Station, which is the site location for my participation in the Program. I understand and agree that the University is granted permission to authorize emergency evacuation and medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized evacuation or emergency medical treatment.

There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

I understand that neither the University nor the Facility is obligated to provide transportation in connection with the Program. If driving, I understand that I am expected to carry my own automobile liability insurance coverage.

3. **Standards of Conduct**.

I will comply with the University / UA Sky School standards of conduct, which specifically prohibit smoking and consumption of alcohol on site. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

I agree that the University / UA Sky School has the right to enforce the standards of conduct described above, in its sole judgment, up to and including removal from the Program for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility or other participants. The University / UA Sky School has the right to make changes in the format and administration of the Program

4. **Assumption of Risk, Covenant Not To Sue, and Release of Claims**.

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the State of Arizona, Arizona Board of Regents, the University of Arizona, and the UA Sky School, and their employees and volunteers from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.** This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign below and accept responsibility for the terms of the above agreement.**

***Name of Participant (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name of Parent/Legal Guardian (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Medical Information Form**

We need further information about your student to provide proper treatment in the event of any illness or injury. Please fill out the below form, which will be kept confidential by staff and shared only with qualified medical personnel in the event of an incident.

Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YY)

Please Print

Sex: M / F Height: \_\_\_ ft \_\_\_ inches Weight: \_\_\_\_ lbs

Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number of doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special health concerns (asthma, vertigo, etc.) or allergies (to medications, insects, etc.) *Please Print*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all medications being taken, including inhalers *Please Print*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any specific food needs (allergies, vegetarian/vegan)   
*Please Print*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of parent/guardian (or participant if 18 or over)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

**UA Sky School Participant**

|  |
| --- |
| (Last Name) (First Name) |
| (Mailing Address) |
| (City) (State) (Zip) |
| (E-mail) (Phone) |
| (School Name) |

**Parent or Guardian / First Emergency Contact**

|  |
| --- |
| (Last Name) (First Name) |
| (Mailing Address) |
| (City) (State) (Zip) |
| (E-mail) (Phone) |

**Second Emergency Contact**

|  |
| --- |
| (Last Name) (First Name) |
| (Mailing Address) |
| (City) (State) (Zip) |
| (E-mail) (Phone) |