Participation Form: Release, Indemnity, and Assumption of Risk


Activities: University Housing at Arizona State University overnight residential experience and activities involved in the overnight experience on the Downtown Phoenix, Polytechnic, Tempe, or West campus

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 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 ASU 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.

I also give permission for ASU staff and volunteers to take and use for any purpose photography of me and videotapes of me before, during and after the activities. The photographs and videotapes will remain the property of ASU.

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. In this agreement, ASU means Arizona State University, the Arizona Board of Regents, the State of Arizona, and their employees and agents.

Print Name: [Signature of Participant:] Gender: Date:

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

Signature of Parent or Legal Guardian: