



ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY

PRINT NAME _____ GROUP NAME _____

ACTIVITY _____ DATES _____

As consideration for access to services and facilities of the University of Arizona CHALLENGE PROGRAM (UACP), the State of Arizona, the Arizona Board of Regents, and their officers, agents, employees and volunteers (collectively referred to as UACP), I agree as follows:

Although UACP has taken reasonable steps to provide me with appropriate equipment and skilled staff so that I can enjoy this activity, I acknowledge that this activity is not without risk and the safeguards taken cannot constitute a guarantee that injury will not occur. Certain risks cannot be eliminated and even if they could be eliminated, such change would destroy the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, or of injury, illness, or in extreme cases, permanent trauma or death. UACP does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the inherent risks. These risks may also include injury or loss caused by other parties, including but not limited to other participants or third parties. The following describes some, but not all, of those risks.

I acknowledge that I have been given the opportunity to participate in the University of Arizona Challenge Program (UACP) and that I have been advised that I can decline to participate in this program or any part of this program if I choose. I may also decline to participate anytime after entering the program. I further acknowledge that while I will be advised of the relevant safety systems provided by UACP, including but not limited to the general use of climbing harnesses, ropes, carabiners, spotting and belaying techniques, as applicable, the potential exists for personal injury to me, as will all physical and adventure activities. Injury could include, but is by no means limited to, broken bones, burns, concussion and even death caused by falls, mechanical failure of equipment, human error, and exhaustion. I am not now, nor will I be under the influence of any alcohol or any chemical substance during the program. I have decided to voluntarily participate in this program, or segments of the program and in consideration of UACP accepting me into the program, I hereby waive and release all claims which I may have against the State of Arizona, the Arizona Board of Regents, the University of Arizona, Department of Campus Recreation, UACP, and their employees and agents for any and all injuries or damages suffered by me in participation in this program. Finally, I understand that these terms shall serve as a release and waiver for my heirs, executors, administrator or members of my family.

As a parent or guardian, I understand the risks of participation in the program and I have given permission to my child or ward to participate in the program. I also wave all claims described in this waiver and release on behalf of myself and my child or ward.

I am aware that UACP activities include risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified including the acts of other participants or third parties. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of, and with full knowledge of the risks.

Page 2 Challenge Program Assumption for risk form.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of UACP has been available to attempt to more fully explain to me the nature and physical demands of this activity and the inherent and other risks, hazards, and dangers associated with this activity.

I understand the information provided by UACP. I am aware of the level of exertion required to participate in this activity. I have the necessary skills to participate in this activity. I have verified with my physician or other medical professionals that I have no past or current physical or psychological condition that might affect my participation in this activity, other than described on the Medical Information Form. I authorize UACP to obtain or provide emergency hospitalization, surgical or other medical care for me and that I will be responsible for such care and related costs.

I understand that this Assumption of Risk and Personal Responsibility is governed by the laws of the State of Arizona.

I certify that I have the requisite skills and fitness level to participate in this activity, without causing harm to myself or others. Also, both my participation in this activity and my decision to sign this document are purely voluntary. Therefore, I, and my parent(s) or guardian if I am a minor, assume full responsibility for me and for bodily injury, death and loss of personal property and expenses suffered by me and them as a result of those risks and dangers identified herein and those risks and dangers not specifically identified, and as a result of my negligence and as a result of acts of other participants or of third parties. I also agree to be responsible for damages or injuries caused by me, whether to persons or to property including, but not limited to, UACP property.

I, and my parent(s) or guardian if I am a minor, have read, understand and accept the terms and conditions stated herein. I agree to release and hold harmless UACP from any injuries, damages or claims arising from or related to causes described or referred to in this document, and I acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

I, and my parent or guardian if I am a minor, consent to have my photograph/video or likeness reproduced for promoting the Campus Recreation Department without any compensation to me.

SIGNATURE _____ DATE _____
(Participant)

I am signing as a parent or guardian and agree to hold harmless and waive any right of recovery from the University of Arizona UACP program, the State of Arizona, the Arizona Board of Regents, and their officers, agents, employees and volunteers for any claim that may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the activity, described and not described above, and from the negligence of the participant.

SIGNATURE _____ DATE _____
(Parent or Guardian if participant is under 18.)

9.13.04 JL/MM