UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
PROGRAM PARTICIPANT INFORMATION FORM

Saturday Scrubs

Name of Minor Program Participant: ____________________ Date of Birth: __________________

Address: __________________________________________________________________________

Cell Phone Number: ___________________ Email Address: _____________________________________

Parent/Legal Guardian Information:

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Emergency Contact Information:

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Individuals (other than parent/legal guardian) authorized to pick the Program Participant up from the Program:

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SATURDAY SCRUBS PARTICIPANT MEDICAL INFORMATION AND RELEASE

Name of Minor Program Participant: _____________________________ Date of Birth: __________________________

Does the Participant have any medical condition(s) or limitation(s) affecting his/her ability to participate in SATURDAY SCRUBS Activities? ______ Yes ______No If yes, please describe: ________________________________

If yes, does the Participant require any accommodations in connection with such medical condition(s) or limitation(s)? ______Yes ______No If yes, please describe: ________________________________________________________________

Does the Participant have any known medication, food, or other allergies? ______ Yes ______No
If yes, please describe: __________________________________________________________________________________________

Name of Participant’s Health Insurance Company: __________________________________________________________________________
Policy & Group Numbers: __________________________________________________________________________________________

Will the Participant be bringing any prescription or other medications to the program? ______Yes ______No
If yes, name each medication and provide dosage instructions exactly as set forth on the prescription medication (amount and time(s) of administration). NOTE: PROGRAM STAFF MAY NOT AUTHORIZE DEVIATIONS FROM PRESCRIPTION INSTRUCTIONS.

Are there any special handling instructions for the above--described medications (e.g., refrigeration)? If yes, please describe: __________________________________________________________________________________________

Name and phone number of the Participant’s Primary Health Care Provider:

I authorize the Program as follows:

(1) to obtain emergency medical services as needed for my child; and
(2) to store the above—listed prescription medication(s) according to original product label instructions and to provide such medication(s) to my child for purposes of permitting my child to self---administer such medications at the prescribed times according to prescription instructions.

I release and discharge the Arizona Board of Regents, on behalf of the University of Arizona, and all of their employees, volunteers, and other agents (“Releasees”) from any liability in connection with obtaining emergency medical services for my child or providing medications to my child as I have directed and authorized above. I further agree to indemnify, defend, and hold the Releases harmless from and against all claims, demands, and suits brought against them in connection with this Release.

_______________________________________________________
Printed Name of Parent or Legal Guardian of Minor

_______________________________________________________ _____________________________________
Signature of Parent or Legal Guardian of Minor Date
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
BEHAVIORAL EXPECTATIONS FOR MINORS

SATURDAY SCRUBS

The University of Arizona is committed to providing a safe, fun, and healthy learning environment for all Minors involved in Programs or activities it sponsors. The University encourages an environment of mutual respect among participants, volunteers, staff and faculty.

Minors are expected to follow all University policies as well as the guidelines listed below:
1. Work cooperatively and respectfully with other Minors, volunteers, faculty and staff.
2. Follow established Program and activity rules and directions.
3. Use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in my removal from the event or activity.
4. Use all University property and materials appropriately. Charges may be incurred due to misuse or damage.
5. Dress appropriately for the activities as directed by Program staff, including the use of safety gear where required.
6. Remain on event property or with the group at all times. Participants should not leave the property or group without prior notification and authorization from Program staff.
7. Obey all local, state and federal laws.
8. Do not bring any prohibited items to activities and events including tobacco, alcohol, drugs, illicit material, and weapons outside of sanctioned events.
9. Do not host guests in University-owned or University-provided overnight accommodations without express permission from Program staff.
10. Report to the Program supervisor any abuse or neglect committed against any Minor during Program activities.
11. Electronically contact Program staff only for programmatic reasons and only using official channels (i.e., website, Facebook page) established by the Program for such purposes.

It is the goal that all Minors have a positive experience with events and activities offered, hosted, or sponsored by the University of Arizona. In order to promote the health and safety of all involved, participation by a Minor may be terminated at the discretion of Program staff if the Minor does not abide by the above expectations.

I have read, understand and have discussed the above expectations with my child.

_______________________________________________________
Printed Name of Parent or Legal Guardian of Minor

_______________________________________________________
Signature of Parent or Legal Guardian of Minor

Date

I agree to follow the behavioral expectations listed above.

_______________________________________________________
Printed Name of Minor Program Participant

_______________________________________________________
Signature of Minor Program Participant

Date

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UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS

IMAGE RELEASE

I am the parent or legal guardian of_______________________________________("Minor"). On behalf of the Minor, I grant permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, to use photographs, video, or digitally recorded images (collectively "images") taken of the Minor while participating in SATURDAY SCRUBS 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.

_______________________________________________________
Printed Name of Parent or Legal Guardian of Minor

_______________________________________________________
Signature of Parent or Legal Guardian of Minor  Date

_______________________________________________________
Printed Name of Minor Program Participant

_______________________________________________________
Signature of Minor Program Participant  Date
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
MINOR SELF-TRANSPORT AUTHORIZATION FORM

I, (Parent/Guardian Name) ______________________, being the parent and/or legal guardian of (Child’s name) _______________________, do hereby give my consent for the above named minor child to sign themselves in and/or out of and/or transport themselves to and/or from Saturday Scrubs.

I understand that after my child signs out, the University of Arizona will be under no obligation to supervise my minor child and will not be supervising my minor child. I understand that there are certain risks of injury inherent in a minor child signing out him/herself leaving the University of Arizona campus and travelling to another destination without adult supervision, and I am willing to assume these risks on behalf of my child.

Such risks may include, without limitation, criminal acts of third parties, road/traffic safety hazards, and my child not following my instructions on where to go. I represent and warrant to the University of Arizona that I have instructed my/our child on safe practices and discussed how and where my child is to go after he/she signs himself/herself out of camp and that, as the child’s parent/legal guardian, I am of the opinion that my child is old and mature enough to sign him or herself out of his/her program.

On behalf of myself and my child, I hereby unconditionally and irrevocably release, hold harmless and agree to fully indemnify the University of Arizona from and against any and all lawsuits, claims, demands, actions, suits, causes of action, liability, losses or damages, and any fees/ expenses/costs, of any kind whatsoever (including attorneys’ fees and costs), whether known and unknown, that may arise from or are related to my child signing him or herself out of the program without an adult and his/her/their departure from the University of Arizona and traveling to another destination without adult supervision.

By signing below, I acknowledge that I have carefully read, understand, and voluntarily agree to the above assumption of the risk, release, waiver, indemnity and other terms of this University of Arizona Minor Self Transportation Release Form.

_______________________________________________________
Printed Name of Parent or Legal Guardian of Minor

_______________________________________________________ _____________________________________
Signature of Parent or Legal Guardian of Minor Date
UNIVERSITY OF ARIZONA INTERACTIONS WITH NON-ENROLLED MINORS
ASSUMPTION OF RISK AND RELEASE FORM

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

Name of Minor Program Participant: ___________________________ Date of Birth: __________________________

Program: SATURDAY SCRUBS

Facility/Address: UA College of Medicine-Phoenix, 435 N 5th Street, Phoenix AZ 85003

I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I (and/or my child/children) may be exposed by participating in the Program. I understand that the University of Arizona and its governing board, officers, employees, and agents (collectively the “University”) does not require me (and/or my child/children) to participate in the Program, but I (and/or my child/children) want to do so, despite the possible dangers and risks and despite this Release. I (and/or my child/children) 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 Facility, which is the site location for my (and/or my child’s/children’s) participation in the Program, or any other location associated with the Program. I understand and agree that the University is granted permission to obtain and/or authorize emergency 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 emergency medical treatment.

I understand and agree that if there are any reasons or concerns that preclude or restrict my or my child’s participation in this Program or that would otherwise require a reasonable accommodation of some kind, I must disclose such reasons or concerns in order to be considered for a reasonable accommodation. 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. I understand that I am expected to carry my own automobile liability insurance coverage if I do any driving related to my participation in the Program.

3. **Standards of Conduct.** I (and/or my child/children) will comply with the University's rules, standards and instructions for student behavior. I (and/or my child/children) will not engage in nor facilitate any behavior, conduct, or activities prohibited by the University’s rules, standards, or instructions, including behavior, conduct, and actions prohibited under the Student Code of Conduct or the Facility’s standards of conduct. I understand that I (and/or my child/children) am/are not permitted to consume alcohol, possess/use/distribute illegal or unauthorized drugs or medications, substances, or weapons, or engage in sexual, illicit, or other inappropriate behavior while participating in the Program or while at the Facility. I (and/or my child/children) waive and release all claims against the University that arise or are related to my failure to comply with such rules, standards, procedures or instructions. I (and/or my child/children) further understand that I/we may also be

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excluded from participation in future events or activities with the University if I/we fail to comply with or violate any University rules, standards, procedures or instructions.

I (and/or my child/children) agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including removal from the Program or from the University or from the Facility, 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 student participants. The University 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 (and/or my child's/children's) participation in the Program. To the maximum extent permitted by law, I (and my child/children) release, indemnify, and covenant not to sue the University from and against any present or future claim, loss or liability for injury to person or property which I (and/or my child/children) may suffer, or for which I (or my child/children) may be liable to any other person, during my (or my child's/children's) participation in the Program (including periods in transit).

5. I understand that the Program Participant Information form, the participant Medical Information and Release form, the Behavioral Expectations form, the Image Release form, the Assumption of Risk and Release form and the Minor Self-transport Authorization form will be used from August 2018 - May 2019. If any changes occur during those dates, it is my (and/or my child's/children's) responsibility to contact Chip Young, Coordinator of Pipeline Programs, at chipyoung@email.arizona.edu.

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.

___________________________________________________
Printed Name of Parent or Legal Guardian of Minor

___________________________________________________
Signature of Parent or Legal Guardian of Minor                          Date

___________________________________________________
Printed Name of Minor Program Participant

___________________________________________________
Signature of Minor Program Participant                          Date

Updated 2017-22-6