



PARENT/LEGAL GUARDIAN FORM

PROGRAM INFORMATION

Program/Activity Name _____

First Day of Program/Activity _____

Last Day of Program/Activity _____

CONTACT INFORMATION

Minor

First Name _____ Last Name _____

Date of Birth (Month/Day/Year) _____

Home Address _____

Parent/Legal Guardian

Name _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Emergency Contact

Name _____

Relationship to Minor _____

Primary Phone Number _____

Secondary Phone Number _____

People Other than Parent/Legal Guardian Authorized to Drop Off/Pick Up Minor

Name _____

Relationship to Minor _____

Phone Number _____

Name _____

Relationship to Minor _____

Phone Number _____

BEHAVIORAL EXPECTATIONS OF MINORS

The University of Arizona encourages an environment of mutual respect among participants, volunteers, staff, and faculty. The following describes the minimum expectations for minors during university programs or activities.

Minors are expected to follow all university policies as well as the expectations below:

- Follow Program/Activity expectations, directions, and rules.
- Dress in accordance with Program/Activity expectations.
- Remain on event property or with the group at all times.
- Not host guests in university-owned or university-provided overnight accommodations without express permission from Program/Activity staff.
- Treat everyone with respect; not engage in discrimination, including harassment or retaliation; not engage in threatening, intimidating, physically injuring, or stalking others, or damaging others' property.
- Communicate virtually/electronically with Program/Activity staff only for programmatic reasons and only using official channels (e.g., Program/Activity website, Program/Activity social media pages) established by the Program or Activity for such purposes. Virtual/electronic interactions include the use of any technology (e.g., email, text, learning management systems, social media, video calls, telephone calls).
- Ensure that virtual backgrounds are free of inappropriate materials and visual images.
- Use audio or video recording devices only if approved by the Program/Activity for purposes consistent with authorized activities.
- Not bring any prohibited items to activities and events, including tobacco, alcohol, drugs, illicit material, and weapons.
- Not bring firearms or other weapons to any Program/Activity site unless carry and use of such firearms or weapons is a part of officially sanctioned activities.
- Abide by all state and federal laws.
- Report any abuse or neglect committed against a minor during Program activities to Program/Activity staff.

In order to promote the health and safety of all involved, participation by a minor may be terminated at the discretion of Program/Activity staff if a minor does not abide by the above expectations, and/or additional expectations set by the Program/Activity.

I consent for the above-named Minor to participate in the above-name Program/Activity.
I have read, understood, and discussed the above expectations with the Minor.

Name of Parent/Legal Guardian (Printed) _____

Signature _____

Date _____

UNIVERSITY OF ARIZONA
ASSUMPTION OF RISK AND RELEASE AGREEMENT

THIS IS A RELEASE OF LEGAL RIGHTS – DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTOOD.

Activity: Saturday Scrubs: The 2025-2026 program dates will be offered August 9th, September 13th, October 11th, November 8th, December 13th, January 10th, February 14th, March 14th, April 11th, and May 9th. Session hours are 10am-12pm.
Participants will explore different medically-related topics and medical specialties from medical students and medical doctors through presentations and hands-on activities related to each topic/specialty. These hands-on activities may include: simulations such as CPR, intubation, injections, suturing, ultrasound, repairing broken bones models, splinting, taking blood pressure, doing patient physical exams, and testing reflexes. Other activities may include group teambuilding activities/games.

Medical topics and medical specialty presentations, students will be seated in a classroom for duration of presentation.

All hands-on simulation activities (suturing, CPR, injections, ultrasound, intubation, & repairing broken bone models, splinting, taking blood pressure, doing patient physical exams, and testing reflexes) will require some physical activity, instruction, safe and proper use of equipment/supplies. Teambuilding will require some physical activity such as blowing up balloons, sucking air through a straw, tossing ping pong balls.

Hygiene kit packing will require some physical activity travel sized hygiene products, socks, bandaids, and snacks into bags.

Location: UA College of Medicine Phoenix (435 N. 5th St. Phoenix, AZ 85004)

In consideration of my ability to participate in the Activity provided by the University of Arizona and its governing board, officers, employees, and agents (collectively the “University”), I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are inherent dangers and risks to which I may be exposed by participating in the Activity and by using the equipment, facilities, and related services provided by the University. These risks include (but are not limited to):

- Injuries and medical disorders, including heart attack, stroke, heat stroke or exhaustion, sprains, broken bones, torn muscles, torn ligaments, nerve damage, eye injury, tendonitis and brain or spinal cord injuries.
- Additional non-obvious inherent dangers that may be associated with the Activity include: inversion and rotation of the body that could result in serious injuries.

I understand that these risks may arise from my own actions or inactions, those of other participants, or those of the University, and that they may cause serious bodily injury, sickness, permanent disability, paralysis, or death, as well as pain, suffering, lost income, medical expenses, and other losses.

2. **Voluntary Participation.** I understand that the University does not require me to participate in the Activity; I want to participate voluntarily and with full knowledge of the inherent risks (including those listed above), and despite the possible dangers and despite this Release Agreement.

2. **Health, Safety, & Conduct.** I understand that the University has taken steps to provide a safe Activity, and that in spite of those efforts, an accident or injury may occur. I have a shared responsibility for safety and, in order to minimize the possibility or severity of injury (among other things), will comply with (1) the University’s policies, codes, and rules that apply to me, (2) any rules specific to the Location, and (3) all instructions provided. I understand that the University has no control over the operations or premises of the Location.

[Initial:] I agree to inspect the equipment and facilities prior to participating, and to immediately report any unsafe conditions to the University and immediately discontinue use.

I understand that medical personnel are not available at the Location. I authorize the University to obtain emergency medical treatment for me and understand and agree that the University is not responsible for any injury, damage or cost arising out of or in connection with such emergency medical treatment. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Activity.

[Initial:] I am physically and mentally able to participate in the Activity. I have consulted with a medical doctor about my personal medical needs. Other than as I have provided in writing to the organizer of the Activity, there are no health-related reasons or problems that preclude or restrict my participation in this Activity.

I understand that the University is not obligated to transport me as part of the Activity. I will carry my own automobile insurance if I will be driving to, from, or during the Activity.

3. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks inherent in the Activity, including those described above, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities associated with my participation in the Activity. To the maximum extent permitted by law, **I release, discharge, and covenant not to sue University** 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, in connection with my participation in the Activity. I further agree that if I or anyone on my behalf makes a claim against the University, **I will indemnify, save, and hold harmless the University** from any litigation expenses, attorneys' fees, loss, liability, damages, or costs that are incurred as the result of such claims. The foregoing release includes, but is not limited to, any claims arising out of my own actions or inactions (including but not limited to my failure to follow policies, rules or instructions), those of third parties, or those of the University. This release also includes any claims 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. **I understand that the foregoing release means, among other things, that I cannot sue or recover anything from the University if anything happens to me or to my property while preparing for or participating in this Activity.**

I understand that if I have any questions about this Release Agreement or the risks inherent in the Activity, I can discuss them with _Chip Young (Program Manager, Pipeline Initiatives)_____.

I, _____, have carefully read and fully understood this Release Agreement before signing it, and have had the opportunity to have any questions answered. I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion is held to be invalid, the remainder shall survive in force. This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any related lawsuits.

Participant Name: _____ (please print)

Date of Birth: ____/____/____ (Mo/Day/Year) (If under 18, a parent/legal guardian must also read, understand & sign)

x _____
Signature of Participant Date

And I, _____, the minor's parent or legal guardian, understand the nature of the Activity and accept the risks described above. I am aware of the minor's experience and capabilities and believe the minor to be qualified, in good health, and able to participate. By affixing my signature below, I agree to all the terms of this Agreement with respect to both myself and the Participant.

x _____
Signature of Participant's Parent/Guardian (if Participant is under age 18) Date

**MINOR SELF-TRANSPORT AUTHORIZATION FORM**

If you consent for a minor, who must be at least 14 years old, to sign themselves in and out of the Program or Activity, please fill out and sign this form.

I, _____ (Parent/Legal Guardian Name), do hereby give my consent for _____ (Minor's Name), who is at least 14 years old, to sign themselves in and out of, and transport themselves to and from, _____ (Program/Activity Name).

I understand that after the Minor signs out, the University of Arizona will not supervise the Minor. I understand that there are certain risks inherent in a minor signing themselves in and out, leaving the Program or Activity, and travelling to another destination without adult supervision, and I assume these risks on behalf of the Minor. Such risks may include, without limitation, criminal acts of third parties, road/traffic safety hazards, and the Minor not following my instructions on where to go. I represent and warrant to the University of Arizona that I have instructed the Minor on safe practices and discussed how and where the Minor is to go after they sign themselves out of the Program or Activity and that, as the Minor's parent/legal guardian, I am of the opinion that the Minor is mature enough to sign themselves in and out of the Program or Activity.

On behalf of myself and the Minor, 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 the Minor signing themselves in and out of the Program or Activity without an adult 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-Transport Authorization Form.

Name of Parent/Legal Guardian (Printed) _____

Signature _____

Date _____



Multi-media consent and release form

I, the undersigned, hereby grant the Arizona Board of Regents on behalf of the University of Arizona (the "University") the right to videotape, film, audio record and/or photograph me and my performance in the recording identified below. I hereby grant the University, and its sublicensees, the exclusive, royalty-free rights to copyright, edit, publish, broadcast and otherwise use or disseminate all or any part of the Recording and my voice, image and likeness contained therein, for educational, research, commercial or promotional purposes, without condition or restriction, in whole or in part, in any medium or content whatsoever, including but not limited to, University websites, print, radio, television or any other electronic or digital forms of media throughout the universe. I also agree that there will be no residual or any other type of payment, royalty or fee due in connection with the rights granted herein. I agree to release the University from any and all claims for compensation, libel, false light, invasion of privacy, moral rights and rights of publicity.

RECORDING

NAME (PRINTED)

SIGNATURE

DATE _____

NAME (PRINTED) _____

SIGNATURE

DATE _____

NAME (PRINTED)

SIGNATURE

DATE _____

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Multi-media consent and release form for individuals

I, the undersigned, hereby grant The Arizona Board of Regents on behalf of The University of Arizona (the "University") the right to videotape, film, audio record and/or photograph me and my performance in the Recordings identified below. I hereby grant the University, and its sublicensees, the exclusive, royalty -free rights to copyright, edit, publish, broadcast and otherwise use or disseminate all or any part the Recordings and my voice, image and likeness contained therein, for educational, research, commercial or promotional purposes, without condition or restriction, in whole or in part, in any medium or content whatsoever, including but not limited to, University websites, print, radio, television or any other electronic or digital forms of media throughout the universe. I also agree that there will be no residual or any other type of payment, royalty or fee due in connection with the rights granted herein. I agree to release the University from any and all claims for compensation, libel, false light, invasion of privacy, moral rights and rights of publicity.

Identification of Video, Audio, Film and/or Photograph (the "Recordings")

NAME (PRINTED)

SIGNATURE

DATE

Signature of guardian if under 18 years of age

DATE