RELEASE, INDEMNITY, AND ASSUMPTION OF RISK

I consent to my child’s participation in the Sun Devil Kids’ Camp and Kids Quest at the Sun Devil Fitness Complex at Arizona State University; and I understand that my child’s participation involves certain risks and that regardless of the precautions taken by the organization, some bodily injuries may occur. Specific risks/hazards involved in the activity include but are not limited to the following: Activities take place both indoors and outdoors, where participants are subject to a variety of risks. Activities can include such actions as running, jumping, passing, kicking, catching, throwing, and physical contact with others during participation in “contact” and “non-contact” activities. Falling, slipping, tripping, sliding, bumps, bruises, cuts, abrasions, contusions, dislocations, sprains, broken bones, pulled muscles, eye injuries, drowning, fatigue, altercations, and sunburn can potentially be part of this participation.

The likelihood of such injuries may be lessened by adhering to the following rules or procedures:
1. Understanding and following the rules of the Sun Devil Kids’ Camp and Kids’ Quest.
2. Follow directives of staff during Sun Devil Kids’ Camp and Kids’ Quest activities.
3. Report any hazardous situations to staff at Sun Devil Kids’ Camp or Kids’ Quest immediately.

In signing this Release, I am granting my child permission to participate in the Activity described above. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the Activity, including my child’s participation and observation, including associated food and transportation. If I have any concerns about my child’s health or ability to participate, I agree to discuss my concerns with my physician before deciding to allow my child to participate.

In addition, I understand and agree that the Sun Devil Kids’ Camp and Kids’ Quest cannot be expected to control all of the risks associated with this type of event, but may need to respond to accidents and potential emergencies. Therefore, I hereby give my 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.

I agree to assume the cost of the risk that unexpected events may occur and result in harm, injury or illness to my child, or damage to or loss of my child’s property while my child is participating in or observing the Activity. I agree to indemnify and hold harmless the Sun Devil Fitness Complex as well as ASU and not to sue the Sun Devil Fitness Complex or ASU for any costs resulting from harm or damage associated with my child’s participation or observation if the harm or damage is not due to the negligence or fault of the Sun Devil Fitness Complex or ASU. I understand that my child’s participation is voluntary.

I have read the agreement and willingly signed for the consideration expressed and with a full understanding of its purpose for my child.

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

Date: __________________________  Print Name of Participant: __________________________

Signature of Parent/Guardian: ____________________________________________________

SUNSCREEN APPLICATION

Due to the safety of the children and encouragement of proper protection from the sun, the Sun Devil Kids’ Camp and Kids’ Quest would like your permission to apply sunscreen to your son or daughter before swimming lessons, free swim, and/or any outdoor activity. Please sign below for this authorization. I give my permission for a Sun Devil Kids’ Camp or Kids’ Quest supervisor of the same sex as my child to apply sunscreen to my child in the presence of another supervisor.

Date: __________________________  Print Name of Participant: __________________________

Signature of Parent/Guardian: ____________________________________________________