



RELEASE FORM

THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING.

PLEASE PRINT CLEARLY

Event: _____

Dept Contact Name/E-mail/Phone#: _____

Location(s)/Date(s): _____

In consideration of being allowed to participate in any way in this event, program, and related activities, I: _____

Acknowledge and fully understand that I will be participating in activities that may or may not involve risk of serious injury, permanent disability, property damage and/or death. These risks may result not only from my own actions, inactions, or negligence, but also from the action, inactions, or negligence of others. Further, there may be other risks not known to me, or not reasonably foreseeable, such as disability or death.

Assume all the foregoing risks and accept personal responsibility for any damages following any such injury, permanent disability, property damage, or death.

Release, waive, discharge, and covenant not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, and agents, and their heirs, administrators, and executors, from demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of any person or otherwise, for myself and my spouse, if any, and our heirs, successors, and assigns.

Understand that the State of Arizona, the Arizona Board of Regents, and Northern Arizona University do not provide medical coverage to a participant if injured while participating in the event described above or attendant activities. Any medical costs incurred as a result of this activity will be my financial responsibility.

ACKNOWLEDGE THAT I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Participant's Name (print): _____
Mailing Address: _____
State: _____ Zip Code: _____ Home Phone Number: _____
Work Phone Number: _____ Emergency Phone Number: _____
Is this participant covered by health insurance? Yes ☐ No ☐
Health Insurance Company: _____
Policy #: _____ Group#: _____ ID #: _____

I verify that the above information is true and correct.

Participant's signature: _____ Date: _____

Parent/Guardian's signature (if participant is under 18 years of age) _____ Date: _____

Return Release Form to NAU, Property and Liability Insurance Services, PO Box 4067, Flagstaff, AZ 86011