

THE UNIVERSITY OF ARIZONA ALUMNI ASSOCIATION
DISCLAIMER AND RELEASE FROM LIABILITY

I understand that The University of Arizona Alumni Association is acting only as the sponsor for the University of Arizona's Astronomy Camp. In consideration of my being permitted to participate in the camp, I do hereby release the Association from liability and assume the risk as follows:

1. I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to me, I hereby authorize Astronomy Camp and/or the Arizona Alumni Association by and through their authorized representative(s) or agent(s), to obtain any necessary treatment including the administration of anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse them for any expenses which they might suffer on account of said injury or treatment thereof.
2. We will make every effort to operate the camp as planned, but we reserve the right to make itinerary and facility changes as necessary. If unforeseen circumstances require us to make changes, we will select alternative programming or accommodations of the same quality. I agree that the Association shall not be responsible for losses or expenses I incur due to changes in or alterations of the Camp, including any travel arrangement losses (e.g. airline, automobile, etc).
3. I understand that the Astronomy Camp management and/or the Association reserve the right to cancel any camp, and I agree that the Association shall not be responsible for losses or expenses I incur due to cancellation of the Camp, including any travel arrangement losses (e.g. airline, automobile, etc).
4. I voluntarily accept all risks of personal injury and property damage arising from my participation in the camp. I agree to release and discharge the Arizona Alumni Association and its officers, directors, employees, agents, and related entities from all actions or claims that I, my heirs, or personal representatives may have for damage to or loss of property, personal illness or injury, or death, unless such injury or damage resulted from acts of willful injury or fraud.
5. I agree that the Association shall not be responsible for losses or additional expenses due to weather, sickness, strike, civil unrest, acts of terrorism, acts of nature, delay, negligence of default of any third party, or other causes beyond its control.

6. I understand that the Association, by and through its authorized agent(s) or representative(s) in charge of the camp, retains the right to discontinue my participation in the camp if, in their judgment, my health, actions, or general conduct would impede the operation of the tour or the rights or welfare of the other participants.
7. I further understand that I am solely responsible for any and all losses or costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or dismissal by representative(s) of Astronomy Camp and/or of the Association.

I/We have read, understand, and accept the conditions as stated above.

Participant's signature

Date

Parent's/Guardian's signature

Date

