



NORTHERN
ARIZONA
UNIVERSITY

CONSENT FORM FOR CHILD'S PARTICIPATION

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

(Please Print)

Child's Name: _____ Age: _____

Parent/Guardian: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No (include Area Code): Home _____ Work: _____ Emergency: _____

NAU Department: Native American Business Organization a student club registered with Office of Student Life

NAU Program (describe): 3rd Annual Veteran's Day 5K Run/2K Fun Walk on NAU campus beginning at Univ. Union

NAU Supervisor's Name: Sharon S. Doctor, NABO Advisor Date of Program: November 7, 2009

Child will be picked up by: _____ Relationship: _____

Identification will be required to be shown by the person picking up the child.

I give permission for my child, _____, to participate in the NAU program listed and described above. YES NO

In consideration of allowing my child to participate in any way in this NAU program, event, and related activities, I:

1. Acknowledge and fully understand that I will be allowing my child to participate 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 their 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.
2. Assume all the foregoing risks and accept personal responsibility for any damages following any such injury, permanent disability, property damage, or death of my child.
3. 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, administrator 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 my child and for myself and my spouse, if any, and our heirs, successors, and assigns.
4. 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.
5. Hereby consent to Northern Arizona University, to the Flagstaff Medical Center, or any appropriate necessary medical facility and to the physician(s) listed below (by parent/guardian), carrying out whatever medical treatment or minor surgery that they may deem necessary for the health and welfare of my child. It is also understood that no major surgery will be performed on my child without specific consent, except in those cases of extreme medical urgency when the delay of obtaining such consent would constitute a serious risk to the life of my child.
6. 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.

Local Physician(s) preferred (if possible): _____ Phone: _____

Insurance Company: _____ Policy #: _____ Group #: _____

Parent/Guardian Signature: _____ Date: _____