

## General Participant Conduct Agreement

School/Group: Laboratory of Tree-Ring Research  
Contact: Marianne Hamilton  
Event Date: October 18-19, 2013  
Program: Dendochronology Class

Student Name: \_\_\_\_\_

I have read and agreed to abide by the following rules while at the Sky School:

1. Alcoholic beverages or illegal drugs (including marijuana) are not permitted on campus, in any building thereon, or at any function sanctioned by the University of Arizona either on- or off-campus. Possession, use, ownership, or sale is included in this prohibition.
2. Handling of any type of fire-protection equipment including alarms, hoses, extinguishers, spray heads, etc., is strictly forbidden except when fire emergencies require. Full participation in drills and response to any fire alarm is required.
3. Firearms and explosives of any kind are prohibited on site or during participation in UA Sky School activities. Other dangerous devices such as gas-powered weapons, slingshots, pocket knives of any size, etc., are also prohibited.
4. Cost of damage to or theft of any university property will be billed to the School District, which will pass on these costs to me or my guardian.
5. I will attend all activities, will participate appropriately, and will complete all assignments.
6. I will remain at the Mount Lemmon Field Station with a chaperone or teacher, except during planned group activities and field investigations. Dormitory chaperones will serve as "parents away from home". I will be required to seek permission from chaperones concerning other extracurricular activities, and must comply with the chaperone's decision. I understand that there will be limited free time before bedtime.
7. I will be in my dormitory room each night at the hour dictated by daily activities. Chaperones will conduct a room check at 9:30 p.m. Lights out will occur at 10:00 p.m, after which quiet hours will be observed.
8. The rules that apply at my school also apply at the UA Sky School. Sky School is not a vacation destination, nor a nature camp. It is a *science school* much like the school I attend every day. Where rules are not explicitly stated, behavioral expectations of my regular school instructors should apply.
9. If I am dismissed from the program for any reason deemed necessary by University of School program staff, it is my parent/guardian's responsibility to provide transportation for me from the Mount Lemmon Field Station to home immediately.
10. I will act courteously and responsibly to other Sky School participants, instructors, and staff.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

**Name of Parent or Legal Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Student** \_\_\_\_\_

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

## Assumption of Risk and Release Form

*THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.*

Facility site: **Mt Lemmon SkyCenter**

1. I hereby agree as follows:

- a. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. More specifically, I acknowledge and accept the following risks:
- i. High Altitude -- Elevation is 9,167 ft, which may include freezing cold and windy conditions, even in the summer months. Altitude sickness, shortness of breath, headaches or other health difficulties may be associated with being at high altitude.
  - ii. Remote location and rugged terrain. Walking surfaces may be uneven, steep, and covered with snow or ice.
  - iii. Mountain driving which may include hazardous driving conditions i.e. ice/snow/rocks/ wild life, and road surfaces that may be deteriorated or otherwise hazardous for travel.
  - iv. Weather conditions may change rapidly with little or no advance warning.
  - v. Participating in night time activities in dimly lit environment

b. I accept full responsibility for any injuries or illness that I may sustain in the course of the Program activities. I understand that the Mt. Lemmon SkyCenter and the University of Arizona and their governing board, officers, employees, and agents (collectively the "University") do not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. **Health & Safety.**

I understand and agree that the University does not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the University is granted permission to authorize emergency evacuation and medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized evacuation or emergency medical treatment.

There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

I understand that neither the University nor the Facility is obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage.

3. **Standards of Conduct.**

I will comply with the University / Mt. Lemmon SkyCenter standards of conduct, which specifically prohibit smoking and consumption of alcohol on site. I waive and release all claims against the University 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 or to comply with such rules, standards, and instructions.



I agree that the University / Mt. Lemmon SkyCenter has the right to enforce the standards of conduct described above, in its sole judgment, up to and including removal from the Program for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility or other participants. The University / Mt. Lemmon SkyCenter has the right to make changes in the format and administration of the Program

4. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.**

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the State of Arizona, Arizona Board of Regents, the University of Arizona, and the Mt. Lemmon SkyCenter, and their employees and volunteers 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, during my participation in the Program (including periods in transit).

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.** This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

\_\_\_\_\_  
Name of Student - Please Print

x \_\_\_\_\_  
Signature of Student                      Date

For student's under age 18:

\_\_\_\_\_  
Parent / Guardian Name – Please Print

x \_\_\_\_\_  
Signature of Parent / Guardian      Date

**Emergency Contact Information (Please Print Clearly)**

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

## Additional Medical Information Form

We need further information about your student to provide proper treatment in the event of any illness or injury. Please fill out the below form, which will be kept confidential by staff and shared only with qualified medical personnel in the event of an incident. This form will be destroyed at the end of the program.

Participant name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)  
Please Print

Sex: M / F      Height: \_\_\_ ft \_\_\_ inches      Weight: \_\_\_ lbs

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone number of doctor: \_\_\_\_\_

List any special health concerns (asthma, vertigo, etc.) or allergies (to food, drugs, insects, etc.)

*Please Print*

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List all medications being taken, including inhalers

*Please Print*

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Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Contact, Media and Photo Release

**This form is optional. You do not have to sign this form if you do not wish to permit images of yourself or your dependent to be used by the Sky School in public.**

I agree that you may photograph or video me or my dependent during, and in connection with, the UA Sky School Activities. I agree that the University of Arizona shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that the University of Arizona may use any image in any media related to the UA Sky School. I further understand that photographs and video may be taken of me during my participation in UA Sky School activities by commercial television and print media outlets in connection with their coverage of UA Sky School programs

I authorize the University of Arizona to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities. I authorize the University of Arizona to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

### UA Sky School Participant

(Last Name)	(First Name)	(Age)	(Sex)
(Mailing Address)			
(City)	(State)	(Zip)	
(School Name)			

### Parent or Guardian

(Last Name)	(First Name)	(Age)	(Sex)
(Mailing Address)			
(City)	(State)	(Zip)	
(School Name)			

\_\_\_\_\_  
Name of Participant - Please Print

x \_\_\_\_\_  
Signature of Participant                      Date

For student's under age 18:

\_\_\_\_\_  
Parent / Guardian Name – Please Print

x \_\_\_\_\_  
Signature of Parent / Guardian      Date