



## 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 included 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

