The University of Arizona - Department of Campus Recreation
Assumption of Risk and Personal Responsibility User Agreement

I am voluntarily electing to use and/or participate in The University of Arizona’s Campus Recreation facilities, programs or services (collectively “Facilities”). In consideration for being allowed such use and/or access to Facilities for the purposes of physical activity, sports, exercise, and recreational activities (collectively “Activities”), I agree as follows:

Although Campus Recreation has taken reasonable safeguards to provide appropriate and safe Facilities so I can enjoy the Activities, I acknowledge that the Facilities and Activities are not without risk and the safeguards taken cannot constitute a guarantee against injury.

I acknowledge the existence of risks in connection with my participation in the Activities, as well as my use of Facilities. My participation is purely voluntary and I hereby elect to participate with full knowledge of the risks of injury, illness, or death that may result from such participation. I accept full responsibility for any injuries, illness, death or damage to property that I may sustain or cause in the course of participating in the Facilities and Activities. More specifically, I acknowledge and accept the risks including but not limited to the following:

Possible accidents and injuries, such as sprains, strains, broken bones, dislocations, torn muscles and ligaments, cuts, scrapes and bruises. This could even include communicable diseases, eye injury, nerve damage, head injury or spinal cord injury that could result in temporary or permanent paralysis, loss of bodily functions, disability, or even death.

Possible medical disorders such as cardiac and pulmonary distress (including heart failure), stroke, heat stroke, dehydration, exhaustion and seizure. These issues could result in temporary or permanent paralysis, loss of bodily functions, disability or even death.

Participation in any activity occurring in the outdoors involves exposure to the environment, which cannot be controlled. This includes hazards related to weather, terrain, animals, insects, equipment or other people.

In addition to the above, pool use could include exposure to heat and lightning, near drowning and drowning.

The risks listed herein may be caused by my own actions or inactions, the actions or inactions of others participating in the Facilities or Activities, or the conditions under which the Activities take place or are conducted. Some Activities are performed individually, while other Activities may involve other participants or Campus Recreation instructors, officials or staff.

I acknowledge the existence of certain rules and procedures concerning my participation in the Activities and use of Facilities and I agree to abide by those rules and procedures. I understand that failure to abide by Campus Recreation’s instructions, rules, or policies/procedures may cause me to be prohibited from participating in certain Activities or using Facilities or even permanent expulsion from Campus Recreation’s Facilities and Activities. I agree to inspect the premises, equipment, and facilities prior to participating, and to immediately discontinue participating in any activity or using any equipment that appears to be malfunctioning or otherwise unsafe. I further agree to immediately report such unsafe conditions to Campus Recreation.

I acknowledge that engaging in the Activities may require a degree of skill and knowledge and that I have responsibilities as a participant. I acknowledge that the staff of Campus Recreation is available to attempt to more fully explain to me the nature and physical demands of using the Facilities and participating in the Activities and the inherent and other risks, hazards and dangers associated with such usage and/or participation. If in doubt about how to use Facilities or participate in Activities, I will ask Campus Recreation staff.

I have read and understand this Agreement. I am aware of the level of exertion required to participate and acknowledge that I have the requisite skills and fitness level to participate in the Facilities and Activities without causing harm to myself or to others. I have verified with my physician or other medical professional that I have no past or current physical or psychological conditions that might affect my ability to use the Facilities or participate in the Activities.
I understand that this Assumption of Risk and Personal Responsibility User Agreement is governed by the laws of the State of Arizona. I agree that if any portion of this Agreement is held to be invalid, the balance shall continue in full force and effect. I further agree that any disputes as to the Agreement will be resolved before courts of competent jurisdiction in the State of Arizona.

My decision to sign this Agreement is purely voluntary.

This Assumption of Risk and Personal Responsibility User Agreement shall remain in full force and effect throughout the duration of the undersigned’s membership in Campus Recreation or otherwise during all times of usage of Campus Recreation’s Facilities and Activities, unless I give written notice to Campus Recreation of my termination of this Agreement.

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING AS TO ALL MINORS:

Regarding general facility use, I understand that children 17 years or under are not allowed in the weight room and are allowed in other facility spaces only when under the direct supervision of an adult (parent/guardian).

Please print below the name(s) and age(s) of the minor child or children (ages 18 or under) who will be using the Facilities or participating in the Activities of Campus Recreation:

1) First & Last Name ______________________ Age ______

2) First & Last Name ______________________ Age ______

3) First & Last Name ______________________ Age ______

4) First & Last Name ______________________ Age ______

I am the parent or legal guardian of the above named child(ren).

I agree, for myself and for the child(ren) named above, to be bound by all of the terms and conditions set forth herein.

I further acknowledge that this Agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate.

Print Name ______________________________________________________

Signature ________________________________________________________

Date _________________________________

CatCard # (if applicable) ___________________________________________
CHALLENGE PROGRAM - THE UNIVERSITY OF ARIZONA – DEPARTMENT OF CAMPUS RECREATION
HEALTH STATEMENT

This form must be reviewed, verified and approved by the participant’s Parent or Guardian if participant is under 18 years of age. (The Challenge Program is a program of Campus Recreation, at The University of Arizona, and shall hereinafter be referred to as UACP)

Organizing Agency or Group: ____________________________ Date of program: ____________________________

Participant’s Legal Name: ____________________________ Preferred Name: ____________________________

Phone: ____________________________ Address: __________________________________________________________

Email: ____________________________ Age: ______ Date of birth: M____/D____/Y____

Emergency Contact: ____________________________ Phone: ____________________________

Do you have any known physical or medical conditions which could limit your participation or physical activity (such as asthma, phobias, diabetes, heart disease, recent surgeries, injuries, pregnancy, etc.)? List conditions and limits to activity:

______________________________________________________________________________________________
______________________________________________________________________________________________

List all medications taken that could impact your ability to engage in the activity:

______________________________________________________________________________________________
______________________________________________________________________________________________

List known allergies and reaction: ________________________________________________________________

________ By initialing here, I agree to bring any emergency medications I have been prescribed with me to the program. This includes medication such as inhalers, epinephrine or medication for heart conditions. Please list medication below:

______________________________________________________________________________________________
______________________________________________________________________________________________

Any additional relevant medical/physical information: ____________________________________________________

______________________________________________________________________________________________
THE CHALLENGE EXPERIENCE

Things to Know

Where is the Challenge Course?

- Rincon Vista Sports Complex
  2300 East 15th Street
  Tucson, Arizona 85719

- The Challenge Course is located southeast of Broadway Avenue and Campbell Boulevard. It is adjacent to the UA track and soccer fields. Parking is available off of 15th Street at the Mulcahy Soccer Field. Overflow parking is available on Winsett Street, South of the Rincon Vista Facility.

Things to Bring:

- Water Bottle
- Snacks
- Personal Medications
- Sunscreen
- Enthusiasm!

What to Wear:

- Closed-Toe Shoes
- Sun Hat
  (Baseball caps will fit well under helmets)
- Comfortable, weather-appropriate clothes
- DO NOT WEAR JEWELRY

For program inquiries and reservations, please contact:
Andrew Huff, Challenge Program Coordinator
andrewhuff@email.arizona.edu
office (520) 626-4443
cell (520) 343-5111
rec.arizona.edu/program/challenge-program

CAMPUS RECREATION

[Diagram showing map of location and parking areas]