

**UNIVERSITY OF ARIZONA
ASSUMPTION OF RISK AND RELEASE AGREEMENT**

THIS IS A RELEASE OF LEGAL RIGHTS – DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTOOD.

Activity: Summer Law Camp, Court Visit, and Mock Trial Activity

Activity Date(s) and Time(s): May 26-28, 2026: 8am to 3:15pm each day (approximately)

Location: James E. Rogers College of Law / Pima County Superior Court

In consideration of my ability to participate in the Activity provided by the University of Arizona and its governing board, officers, employees, and agents (collectively the “University”), I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are inherent dangers and risks to which I may be exposed by participating in the Activity and by using the equipment, facilities, and related services provided by the University. These risks include (but are not limited to):

- Injuries and medical disorders, including heart attack, stroke, heat stroke or exhaustion, sprains, broken bones, torn muscles, torn ligaments, nerve damage, eye injury, tendonitis and brain or spinal cord injuries.
- Additional non-obvious inherent dangers that may be associated with the Activity include: inversion and rotation of the body that could result in serious injuries.

I understand that these risks may arise from my own actions or inactions, those of other participants, or those of the University, and that they may cause serious bodily injury, sickness, permanent disability, paralysis, or death, as well as pain, suffering, lost income, medical expenses, and other losses.

2. **Voluntary Participation.** I understand that the University does not require me to participate in the Activity; I want to participate voluntarily and with full knowledge of the inherent risks (including those listed above), and despite the possible dangers and despite this Release Agreement.

2. **Health, Safety, & Conduct.** I understand that the University has taken steps to provide a safe Activity, and that in spite of those efforts, an accident or injury may occur. I have a shared responsibility for safety and, in order to minimize the possibility or severity of injury (among other things), will comply with (1) the University’s policies, codes, and rules that apply to me, (2) any rules specific to the Location, and (3) all instructions provided. I understand that the University has no control over the operations or premises of the Location.

[Initial: _____] I agree to inspect the equipment and facilities prior to participating, and to immediately report any unsafe conditions to the University and immediately discontinue use.

I understand that medical personnel are not available at the Location. I authorize the University to obtain emergency medical treatment for me and understand and agree that the University is not responsible for any injury, damage or cost arising out of or in connection with such emergency medical treatment. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Activity.

[Initial: _____] I am physically and mentally able to participate in the Activity. I have consulted with a medical doctor about my personal medical needs. Other than as I have provided in writing to the organizer of the Activity, there are no health-related reasons or problems that preclude or restrict my participation in this Activity.

I understand that the University is not obligated to transport me as part of the Activity. I will carry my own automobile insurance if I will be driving to, from, or during the Activity.

3. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks inherent in the Activity, including those described above, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities associated with my participation in the Activity. To the maximum extent permitted by law, I **release, discharge, and covenant not to sue University** 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, in connection with my participation in the Activity. I further agree that if I or anyone on my behalf makes a claim against the University, I **will indemnify, save, and hold harmless the University** from any litigation expenses, attorneys’ fees,

loss, liability, damages, or costs that are incurred as the result of such claims. The foregoing release includes, but is not limited to, any claims arising out of my own actions or inactions (including but not limited to my failure to follow policies, rules or instructions), those of third parties, or those of the University. This release also includes any claims 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. **I understand that the foregoing release means, among other things, that I cannot sue or recover anything from the University if anything happens to me or to my property while preparing for or participating in this Activity.**

I understand that if I have any questions about this Release Agreement or the risks inherent in the Activity, I can discuss them with Linus Kafka, Assistant Director, BA in Law Program, University of Arizona James E. Rogers College of Law.

I, _____, have carefully read and fully understood this Release Agreement before signing it, and have had the opportunity to have any questions answered. I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion is held to be invalid, the remainder shall survive in force. This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any related lawsuits.

Participant Name: _____ *(please print)*

Date of Birth: ___/___/___ (Mo/Day/Year) *(If under 18, a parent/legal guardian must also read, understand & sign)*

x _____
Signature of Participant Date

And I, _____, the minor's parent or legal guardian, understand the nature of the Activity and accept the risks described above. I am aware of the minor's experience and capabilities and believe the minor to be qualified, in good health, and able to participate. By affixing my signature below, I agree to all the terms of this Agreement with respect to both myself and the Participant.

x _____
Signature of Participant's Parent/Guardian (if Participant is under age 18) Date