UNIVERSITY COMPLIANCE
Youth Protection

PARENT/LEGAL GUARDIAN FORM

PROGRAM INFORMATION

Program Name University of Arizona Math Circle

First Day of Program September 1, 2026

Last Day of Program May 11, 2027

CONTACT INFORMATION

Minor

First Name _____ Last Name _____

Date of Birth (Month/Day/Year) _____

Home Address _____

Parent/Legal Guardian

First Name _____ Last Name _____

Phone Number _____

Email _____

Emergency Contact

First Name _____ Last Name _____

Relationship to Minor _____

Phone Number _____

Additional Individuals Authorized to Pick up Minor (optional)

First Name _____ Last Name _____

Relationship to Minor _____

Phone Number _____

First Name _____ Last Name _____

Relationship to Minor _____

Phone Number _____

Individuals authorized to pick up the minor will be asked to verify their identity for the minor to be released.
If the program determines that a minor must be released early, it is the parent/legal guardian's responsibility to pick up the minor, or arrange for one of the individuals authorized to pick up the minor, as soon as they are informed.

MEDICAL INFORMATION

Insurance
The University of Arizona does not provide medical insurance to non-enrolled minors.

Basic Care and Emergency Treatment
The program may provide basic care (e.g., bandages, gauze pads) if necessary and available. If a medical need arises that cannot be addressed by the program, the program will contact the parent/legal guardian or the emergency contact for the minor to be picked up. The program will call 9-1-1 if it determines that there is an emergency, and any costs incurred will be the responsibility of the parent/legal guardian.

Immunizations
Minors may be exposed to individuals who have not been immunized and/or individuals who may carry infectious diseases.

Asthma Inhalers, Epinephrine Autoinjectors, Insulin, & Other Self-Administered Rescue Medication
Minors may carry prescribed asthma inhalers, epinephrine autoinjectors, insulin, and other self-administered rescue medication in their original pharmacy/manufacturer containers with their original labels on them. The program must be informed ahead of time in writing by the parent/legal guardian that the minor has these medications with them. The program is not responsible for the administration or storage of these medications.

MULTI-MEDIA CONSENT AND RELEASE

I hereby grant the Arizona Board of Regents on behalf of the University of Arizona (the "University") the right to videotape, film, audio record and/or photograph the minor during the program. I hereby grant the University, and its sublicensees, the exclusive, royalty-free rights to copyright, edit, publish, broadcast, and otherwise use or disseminate all or any part the recordings and the minor's voice, image and likeness contained therein, for educational, research, commercial or promotional purposes, without condition or restriction, in whole or in part, in any medium or content whatsoever, including but not limited to, University websites, print, radio, television or any other electronic or digital forms of media throughout the universe. I also agree that there will be no residual or any other type of payment, royalty or fee due in connection with the rights granted herein. I agree to release the University from any and all claims for compensation, libel, false light, invasion of privacy, moral rights and rights of publicity.

☐ I consent and release.

☐ I do **not** consent or release.

BEHAVIORAL EXPECTATIONS OF MINORS

The University of Arizona encourages an environment of mutual respect among participants and staff.

Minors are expected to follow all university policies and rules as well as the expectations below:
- Follow program directions, expectations, and rules.
- Dress in accordance with program expectations.
- Remain with the program at all times.
- Not host guests in accommodations.

- Treat everyone with respect; not engage in discrimination, including harassment or retaliation; not threaten, intimidate, injure, or stalk others.
- Not damage university or others' property.
- Communicate electronically/virtually with program staff only for programmatic reasons and only using official channels established by the program for such purposes (e.g., email, learning management systems, social media, telephone calls, text, video calls).
- Ensure that virtual backgrounds are free of inappropriate materials and visual images.
- Use audio or video recording devices only if approved by the program for purposes consistent with authorized activities.
- Not share any medication with anyone.
- Not bring any prohibited items including alcohol, drugs, illicit material, tobacco, vapes, and weapons.
- Not bring firearms or other weapons to any program site unless carry and use of such firearms or weapons is a part of officially sanctioned activities.
- Abide by all state and federal laws.
- Report any suspected abuse or neglect committed against a minor during program activities to program staff.

ASSUMPTION OF RISK AND RELEASE AGREEMENT

In consideration of the minor's ability to participate in the program 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 may be inherent dangers and risks to which the minor may be exposed by participating in the program 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 program include: inversion and rotation of the body that could result in serious injuries. I understand that these risks may arise from the minor's 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 the minor to participate in the program; the minor wants 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.

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

The minor agrees 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 the minor 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 the minor participates in the program.

The minor is physically and mentally able to participate in the program. I have consulted with a medical doctor about the minor's medical needs. Other than as I have provided in writing to the organizer of the program, there are no health-related reasons or problems that preclude or restrict the minor's participation in the program.

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

4. Assumption of Risk, Covenant not to Sue, and Release of Claims
Knowing the risks inherent in the program, 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 the minor's participation in the program. To the maximum extent permitted by law, I release, discharge, and covenant not to sue the University from and against any present or future claim, loss or liability for injury to person or property which the minor may suffer, or for which the minor may be liable to any other person, in connection with their participation in the program. 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 the minor's own actions or inactions (including but not limited to their 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 the minor is not under the direct supervision of the University or that are caused by their 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 the minor or to their property while preparing for or participating in the program.

I understand that if I have any questions about this Release Agreement, I can discuss them with the University's Department of Risk Management Services, and if I have questions about the risks inherent in the program, I can discuss them with the program.

I have carefully read and fully understood this Release Agreement before signing this form, and have had the opportunity to have any questions answered. I understand that I have given up substantial rights by signing this form 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.

And I, the minor's parent or legal guardian, understand the nature of the program 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 minor.

I consent for the above-named minor to participate in the above-named program and any field trips or overnight stays that are part of the above-named program.

I have discussed the behavioral expectations on this form, and any additional expectations set by the program, with the minor.

I understand and acknowledge that in order to promote the health and safety of all involved, participation by the minor may be terminated at the discretion of the program including in instances when the minor does not abide by behavioral expectations indicated on this form and/or additional expectations set by the program.

I understand, acknowledge, and agree to the guidelines, requirements, and procedures on this form.

Name of Parent/Legal Guardian (Printed) _____

Signature _____

Date _____