

**MEMORIAL UNION - SORC  
RELEASE, INDEMNITY, ASSUMPTION OF RISK AND CONSENT TO MEDICAL  
TREATMENT**

Name of Participant: \_\_\_\_\_

Trip Description/Organization: \_\_\_\_\_

I am signing this statement so that I can participate in the Trip described above. This Release, Indemnity and assumption of Risk Statement covers all events and occurrences associated with the Activities, including any associated travel and meals. If I have any concerns about my health or ability to participate, I agree to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me, or damage to or loss of my property. I agree to indemnify Arizona State University (ASU) and/or Arizona State University Memorial Union and/or the organization coordinating travel and agree not to take legal action against ASU and/or ASU Memorial Union and/or the organization coordinating travel for any harm or damage associated with my participation or travel if the harm or damage is not due to the negligence or fault of ASU and/or ASU Memorial Union and/or the organization coordinating travel. I understand that my participation in this trip is voluntary.

**HEALTH/EMERGENCY INFORMATION**

Allergies (medicine, food, etc.): \_\_\_\_\_

Medications taken: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

*I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the physician/health care provider rendering the treatment.*

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If the emergency Contact Person I have listed is not available, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

In this agreement, "ASU and ASU Memorial Union" means Arizona State University, the Arizona Board of Regents, the State of Arizona, Memorial Union and their employees and agents.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is younger than 18 years old, Parent or Legal Guardian must also sign:

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_