Release, Indemnity, and Assumption of Risk
(includes travel)

Participant Name: ____________________________________________________________

1. Activities

Document activity or activities here. Provide as much detail as possible.
- Community Service Experience at Homeward Bound AZ in Phoenix on September 26, 2018
- Tour of the Homeward Bound AZ site and facilities
- Engage with client services
- Service project sorting donation/campus clean up

2. Participant Emergency Contact Information

If I require emergency medical treatment, please contact:
Name of Emergency Contact Person: ____________________________________________
Home Phone: __________________________ Work Phone: ___________________________

If the Emergency Contact Person I have listed is not available, please contact:
Doctor: ____________________________ Phone: ____________________________

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

3. Consent of Participant

I am signing this Release so that I can participate in the activities described above. This Release, Indemnity and Assumption of Risk Statement, covers all events and occurrences associated with the activities, including any associated travel, meals, and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility 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 my property while I am participating in, observing the activities or while I am traveling to or from the activities. I agree to indemnify the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees and not to sue ASU for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to the negligence or fault of ASU. I understand that my participation in these activities is voluntary.

Note: In this agreement, “ASU” means the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees.

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: ______________________________
Photo/Filming Subject Release

I grant permission to the Arizona Board of Regents, a body corporate, for and on behalf of Arizona State University, and its agents and employees (ASU), the absolute right to use, not use, reuse, publish, republish and make derivative works of, all or any part of photographs and/or motion pictures and/or voice recordings and/or written/spoken statements taken of me on the date(s) and at the location(s) listed below (the Photos/Filming), in any media now or hereafter known, including the internet, for the purpose set forth below, and for any related ASU purposes, including illustration, promotion, art, editorial, and advertising, without restriction.

I waive any right to inspect or approve the Photos/Filming, or any uses thereof, now or in the future, and I waive any right to royalties or other compensation arising from or related to the use of the Photos/Filming.

I release and discharge ASU of and from any claims, demands, and damages that may arise from or related to the use of the Photos/Filming, including any claims for libel or violation of any right of publicity or privacy, and including any re-use, distortion, blurring, alteration, or use in composite form. It is in the discretion of ASU to decide whether and how to use the Photos/Recordings.

This Release will be binding upon me and my heirs, legal representatives, and assigns.

Unless my parent or guardian signs where indicated on the signature lines below, I certify that I am 18 years of age or older, and I am competent to contract in my own name. I have read this Release and I fully understand the contents, meaning, and impact of this Release.

For subjects of the Photos/Filming who are under 18, this Release must be signed by both the minor subject and his/her parent or guardian. By signing, the parent or guardian attests that he/she is competent to contract in her/his own name, has read this Release, and fully understand the contents, meaning, and impact of this Release.

Date(s) of Photos/Filming: ________________________________

Location(s) of Photos/Filming: ________________________________

Purpose of Photos/Filming: ________________________________

Signature of Subject of Photos/Filming: ________________________________

Print Name of Subject of Photos/Filming: ________________________________

Parent/Guardian Signature and Print Name: ________________________________

(Date or Guardian must sign only if Subject of Photos/Recordings is under 18)

Mailing Addresses of all signatories: ________________________________

Emails of all signatories: ________________________________

Name of ASU Photographer/Filmer: ________________________________

Revised 10/12/15 OGC