AGREEMENT FOR MINOR’S PARTICIPATION IN ENRICHMENT ACTIVITY

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, AGREEMENT TO RELEASE ALL CLAIMS AND AGREEMENT TO INDEMNIFY THE UNIVERSITY OF ALASKA

My child, ________________________________ being________ years of age, wants to participate in the Nanook Expedition Camp.

PLEASE READ CAREFULLY & SIGN BELOW

(Required for participation)

1. Inherent Risks - As my child’s parent or legal guardian, I support my child’s decision, and I want him or her to participate. My child and I understand and acknowledge that there are known, unknown, and unanticipated risks and dangers that are qualities of these activities that cannot be eliminated. These are often called “inherent risks” and will be referred to this way in this document. Some of the activities that my child may be participating in:

Participants will be traveling to various locations around the Fairbanks area during the camp. Activities include, but are not limited to: traveling in 10 passenger vans or other motor vehicle, hiking, rock climbing, climbing on the indoor and outdoor climbing walls at UAF, playing disk golf, boating, and swimming. Potential risks include, but are not limited to:

Terrain: Participants may encounter rocky slopes, brushy hillsides, and uneven terrain. Potential risks include muscle strains, foot, ankle and wrist sprains or breakage, minor cuts and bruising, and potential death associated with slips, trips and falls.

Weather: Exposure to elements including wind, rain, and sun with a potential for wind burn, sun burn, eye irritation, dehydration, and hypothermia.

Wildlife: Participants may encounter moose, bears, foxes, wolves and other mammals with a potential risk for bites, scratches, infection and a low risk for other major injuries or death. Nuisance creatures may include: mosquitos, bees, wasps and other insects along with squirrels, marmots, birds; potential risks include bites, rash, and anaphylactic shock (if the participant is allergic).

Travel: Potential risks from the mode of transportation during the expedition camp include motor vehicles and small boat accidents which can cause broken bones, bruising, contusions, concussions, scrapes, puncture wounds, cold water emersion, foot entrapments, hypothermia, drowning, and potentially death.

Climbing: Potential risks include sprains, strains, bruising, fractures, paralysis, concussions, lacerations, rope burns/abrasions, and potentially death associated falling while climbing, and falling objects striking a participant.

2. Possible Harms - I understand that these “inherent risks” can result in “harms,” which in this document means damage to property or permanent or temporary physical, emotional, and mental injury to or death or disability of my child or me.

3. Investigate Risks - I agree that it is my responsibility to understand the risks in my child’s participation in this activity. It is my responsibility to investigate the risks if I do not fully understand these risks.
4. **Assumption of Risk** - On behalf of my child and for myself, and after considering the “inherent risks” and “harms” that may result, I voluntarily assume all “inherent risks” that my child or I may encounter during participation in or transportation to, from or as a part of this activity, and we agree to be financially responsible for any “harms” that result.

5. **Negligence** - I also recognize that while the University will not knowingly or intentionally cause or permit “harms” to occur, the same or similar “harms” such as those mentioned in paragraph 2 may be caused by the negligence or fault of University of Alaska employees, its agents or volunteers or by fellow participants.

6. **Release** - On behalf of my child and for myself, I further agree to release the University of Alaska, its Board of Regents, officers, agents, and employees (hereafter “University”), from all liability and claims of any kind, for any “harms” to my child or myself arising from the negligence of University of Alaska employees, its agents or volunteers, or of fellow participants. This includes claims for loss, expense, damages, punitive damages or attorney fees, or loss of companionship or support of family.

7. **Indemnity and Hold Harmless** - On behalf of my child and for myself, I agree to indemnify and hold the “University” harmless if I or my child or anyone else brings claims against the “University” to recover damages of any kind for “harms” to my child or me arising from the negligence of University of Alaska employees, volunteers or of fellow participants, or from our participation in, or transportation to, from or as a part of this activity. This means that I will be responsible for attorney fees and expenses incurred by the “University” in its defense of claims and any damages awarded against the “University.”

8. **Other Providers** - I understand that my assumption of risk, release and indemnification of the University apply regardless of whether this activity is operated, sponsored, or hosted in whole or in part by the University of Alaska or a third party.

9. **Accommodations** - I certify that my child is in good health and I know of no medical reason why my child is not able to participate. If I or my child has a disability, food or drug allergy, dietary requirements or any other condition requiring accommodation, I will contact ______________________________ at least _____ days prior to the start of the activity.

10. **Consent to Care** - On my child’s behalf and for myself, I consent to first aid, emergency medical care, and if necessary admission to a hospital for care and treatment for injuries or illness anytime during this activity.

11. **Financial Responsibility** - I understand that I am responsible for obtaining insurance and for any expenses that arise out of medical care. Upon my request and at my expense accident insurance may be available to my child through the University.

12. **Compliance with Rules** - I agree that my child and I will abide by all University policies, regulations, and procedures and by all local, state and federal laws. If my child or I fail to abide by these rules and laws, that may be a basis for denying or ending our participation in this activity.

13. **Others Affected** - I intend that this Agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

**By my signature, I agree and represent that:** I have entered into this Agreement on the basis of my own assessment of the risks involved and not in reliance upon representations of the University, its employees, officers or agents; I understand that I have the right to consult an attorney of my choice before signing this Agreement; I further understand that this Agreement contains our entire agreement, and that it cannot be modified except in a writing signed by me and the University; Alaska law applies to this Agreement and any dispute will be resolved in the state court located in Fairbanks, Alaska; If any part of this Agreement is found to
be invalid or unenforceable for any reasons, the balance of the Agreement remains valid and enforceable; This a legally binding agreement designed to protect the “University” from claims that could be brought by myself or anyone else because of “harms” to my child or me.

### Signature and Contact Information

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<thead>
<tr>
<th>Participant’s name (print name):</th>
<th>Date (print):</th>
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<tr>
<td>Email (print):</td>
<td>Phone (print):</td>
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<td>Street (print):</td>
<td>State (print):</td>
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<tr>
<td>City (print):</td>
<td>Zip (print):</td>
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<tr>
<td>Parent/Legal Guardian (print name):</td>
<td>Date (print):</td>
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<tr>
<td>Parent / Legal Guardian (Sign)</td>
<td>Date (print):</td>
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**If different from Participant, Parent / Legal Guardian contact info**  
☐ Check if same as above

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<th>Email (print):</th>
<th>Phone (print):</th>
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<tbody>
<tr>
<td>Street (print):</td>
<td>State (print):</td>
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<td>City (print):</td>
<td>Zip (print):</td>
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### Model Release Portion (Optional)

On behalf of my child (print name of participant child) ________________________ and for myself, I agree that University personnel may photograph, videotape or record my child or me in connection with this activity. I agree that the University will be the owner of all images and recordings and own all copyright in the images and recordings. The University may use these images and recordings for advertising or other media releases.

Parent /Legal Guardian signature (sign):  
Date (print):
UAF 2017
Nanook Adventure/Expedition Camp
BEHAVIOR GUIDANCE FORM

In order to guarantee a safe, positive and enjoyable environment for your child as well as the other children in the program we are utilizing the following discipline plan. The camp staff has the responsibilities to carry out this system. Praise and recognition of good behavior are built into the everyday plan. The negative consequences have been developed in order to help each child **CHOOSE** to behave appropriately.

We are here to plan and lead activities that are safe, creative, and educational for the children, which will give you a peace of mind about their participation at the UAF Nanook Adventure Camp. Therefore, no child’s behavior should interfere with our right to carry out this program, hinder another child’s right to enjoy being here, nor go against the best interest either of him/herself or the group as a whole.

This may seem like a large undertaking, but with your support and cooperation, we will all receive very positive results.

**CAMP RULES**
1. Follow directions
2. Keep hands and feet to yourself
3. Stay with your assigned group
4. Respect people, property, and equipment

**CONSEQUENCES -- Should a child choose to break a rule:**
1. The activities that we will be doing will require a lot of focus and attention from the students at all times. Failure to comply will result in a certain level of participation withheld from the student.
2. Failure to do this repeatedly will result in removal from trips and potentially removal from camp.
3. There is a Zero Alcohol, Tobacco, and Drug policy. If student is found with any of the three it will result in immediate expulsion and student may be turned over to the authorities.
4. Child will be sent to the Camp Director until their behavior stabilizes and the situations will be discussed. A parent conference is set up.
5. Should a child reach this point twice the child will be removed from the Camp.
6. **SEVERE CAUSE:** Should a child be out of control, or in the judgment of the camp staff, jeopardizing the safety of the other children s/he will be taken out of the group immediately, and a phone call made to the parent/guardian to have the child picked up **AS SOON AS POSSIBLE.**

Camper Signature: ____________________________  Date: ____________

Parent Signature: ____________________________  Date: ____________

5-4-04
UAF Youth Adventure Camps

PARENT AUTHORIZATION/CONSENT FORM

Child’s Name: __________________________ Telephone: __________________________

Parent's Name: __________________________ Day phone: ____________ Cell: ______________

Parent’s Name: __________________________ Day phone: ____________ Cell: ______________

If not available in an emergency, please notify:

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<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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Authorized pick-up people are: (including parents)

1. ______________________  2. ______________________  3. ______________________

4. ______________________  5. ______________________  6. ______________________

In the event of any emergency and someone not listed must pick up your child, please call the SRC 474-5886 and inform the DIRECTOR. Please do not send anyone to pick up your child whom your child will not recognize.

Authorization for my child to walk/bike home

My child has permission to leave the UAF Youth Adventure Camp site and walk/bike home without adult supervision. I understand that UAF and its staff are not responsible for my child’s safety after this time. Walkers/ bikers are not to leave the SRC before 4:00pm unless a signed note has been sent by the parent.

Parent/Guardian Signature: __________________________ Date __________

Field Trip Consent

I/We give permission for my/our child to attend camp and participate in all phases of the UAF Recreational Camp program including off-campus field trips when they apply. Weekly field trips include climbing, rafting, hiking, and biking as well as the transportation to and from those sites. I understand that the staff will exercise reasonable care to ensure my child’s safety. Adults accompanying the group will provide supervision and will exercise reasonable care to avoid accidents. By signing below I am granting my child permission to attend weekly field trips and agree to the terms discussed above.

Parent/Guardian Signature: __________________________ Date __________

Parent’s/Guardian’s Consent

I/We have read and understand the information presented in this packet. I/We are aware and understand that the activities included during the UAF Youth Adventure Camps (including climbing, hiking, rafting, biking and other activities) involve inherent risks and may result in personal injury or death. I/We agree to cooperate with all camp procedures and regulations. My/Our child may be photographed and pictures released for publicity. I/we are fully informed about the risks associated with participation in the activities and consent to our child’s participation in the UAF Youth Adventure Camp.

Parent/Guardian Signature: __________________________ Date __________

4.6.12
The health history information requested will help our staff to manage and reduce the risk of a medical situation in a remote location and for trip safety. Failure to disclose such information could result in serious harm to the person mentioned below and fellow participants. Providing complete information is vital in helping Outdoor Adventures be aware of any medical conditions and needs.

**PART I  General Information**

Name___________________________________________  Telephone # (_____)____________________
Age: _______ DOB: _____/_____/_____
Height: _______ ft. _________ ins.
Sex:  □ Male  □ Female  □ Other*
Do you speak/understand English?  □ Yes  □ No
DO YOU HAVE INSURANCE?  □ Yes  □ No
Do you have any dietary needs or restrictions?
□ Yes  □ No  *(Please Explain Below)*

Emergency Contact - To be completed by parent or guardian
Name ____________________________________________
Relationship ______________________________________
Daytime Telephone # (______)____________________
Evening Telephone # (______)____________________
Cell Phone # (______)_______________________

**PART II  Participant Medical Information**

**A. Allergies**
(Including allergies to medicines, foods, insect bites/stings)
NONE □ or…

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<th>Reaction</th>
<th>Medication Required (if any)</th>
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* This can be the gender you or child identifies with _______________________

The University of Alaska Fairbanks is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual. Learn more about UA's notice of nondiscrimination at www.alaska.edu/nondiscrimination
B. Medications You Are Currently Taking

(If psychiatric medication, please list any taken within the past 2 months)

NONE [ ] or... please list any medications you are using, including psychiatric, over-the-counter, & inhalers

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<tr>
<th>Medication List Below</th>
<th>Taken For Symptom/Condition</th>
<th>Dosage Size and Frequency</th>
<th>Date Started &amp; Time Taken</th>
<th>Current Side Effects (if any)</th>
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NOTE: If you are currently taking a medication, bring double amounts in separate, non-breakable, waterproof containers, along with dosage instructions.

C. Other Medical Conditions, behavioral, physical or otherwise

Detail below

You should know that over the years, many students with a variety of medical/psychological difficulties have successfully completed our programs. Outdoor Adventures staff are not medical experts, but need this health information to manage and reduce the risk of a medical problem in a remote location. Failure to disclose such information could result in serious harm to you and your fellow students. In gathering this information from you, the University of Alaska makes no representation or determination as to your fitness for this trip. If you have any concerns regarding your ability to participate in Outdoor Adventures programs we recommend you consult a physician.

If you arrive at the trip/course start with a pre-existing condition or injury, which has not been indicated on your medical form and you are subsequently forced to leave the program because of that condition, you will not receive a refund.

In signing, I accept the conditions above.

I have reviewed this entire medical form and have verified that all information is given fully and truthfully. To the best of my knowledge, I am capable of safely participating in UAF’s Outdoor Adventures program.

__________________________________________________________
Print Name

__________________________________________________________
Applicant’s Signature

__________________________________________________________
Date

Parent/Guardian Authorization: I have reviewed the medical form and the health information provided is given fully and truthfully. I agree to notify Outdoor Adventures if any change occurs in my child’s medical conditions before arriving at camp. I acknowledge I will not receive a refund, if the person herein described arrives at the start of the trip/course with a pre-existing condition or injury, which has not been identified on this medical form, and is subsequently forced to leave the program because of that condition.

I understand there are no physicians or medical personnel available on the trips, and I hereby give permission to allow the Outdoor Adventure staff to secure and administer treatment, transport, to include hospitalization for the person named above in the event of a medical situation or emergency. To the best of my knowledge the person mentioned above is capable of participating in UAF’s Outdoor Adventure Program.

__________________________________________________________
Parent/Guardian

__________________________________________________________
Parent Guardian Signature

__________________________________________________________
Date

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