
Student's Signature _____ Date _____

Faculty Supervisor's Name (Please Print) _____

Faculty Supervisor's Signature _____ Date _____

Approved by: _____
Director, School of Art _____ Date _____

Arizona Board of Regents on behalf of The University of Arizona:
Approved by:

Contracting Officer, University of Arizona _____ Date _____

ASSUMPTION OF RISK AND RELEASE FORM

Please complete if your internship is NOT on the U of A campus.

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

Name of Student Participant: _____

Date of Birth: _____

Program: _____

Facility: _____

I hereby agree as follows:

1. Risks of Participation. I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. The following is a description and examples of specific, significant, non-obvious dangers and risks that may be associated with the Program: I understand that the University of Arizona (the "University") does not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. Health & Safety.

I understand and agree that the University and its governing board, officers, employees, and agents (the "Releasees") do not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

I understand that neither the Releasees nor the Facility are obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage.

3. Standards of Conduct.

I will comply with the University's rules, standards and instructions for student behavior, as well as the Facility's standards of conduct. I waive and release all claims against the University 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 or to comply with such rules, standards, and instructions.

I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, the Facility or other student participants.

The University has the right to make changes in the format and administration of the Program. I understand that the University has no control over the operations or premises of the Facility, and that I will be under the supervision of a Facility representative while I am participating at the Facility.

4. Assumption of Risk and Release of Claims. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Releasees 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, during my participation in the Program (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the University of Arizona at its offices in Arizona and shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x _____
Signature of Student Participant

Date