

Event: Pink Ribbon 7k
Location: UA Tech Park
Date: Saturday, October 26, 2013

RELEASE OF LIABILITY WAIVER OF CLAIMS

I agree to the following terms and conditions of permitting me (the "Participant") to participate in the Pink Ribbon 7k Event ("the Event") in the UA Tech Park:

1. Supervision. I acknowledge and agree that at all times while attending and participating in the Event, I am under the supervision of the faculty, staff, employees or agents of Vail Academy and High School, the school sponsoring my participation in the Event (the "Sponsoring School"). To promote my safety and the safety of all participants, I agree to follow all rules, directions and instructions given to me by the Sponsoring School about the Event and safety before, during and after the Event.

2. Safety. Campus Research Corporation ("CRC") is concerned with the safety of all participants in this Event and will cooperate with the Sponsoring School to promote participants' safety during the Event. I agree that my participation in this Event involves risks, including the potential for serious injury, that are beyond CRC's control and for which CRC is not responsible or liable. I understand that my participation in the Event is entirely voluntary.

3. Compliance with Event Rules. To promote the safety of all participants, I agree to follow all rules and standards of conduct of the Event and the UA Tech Park and to comply with all terms and conditions of this Release and Waiver.

4. Acknowledgment of Risks. I acknowledge that this activity or Event may involve physical activity, may involve a test of my physical and mental limits, and may carry with it the potential for death, serious injury, and property loss. The risks may include, without limitation, those caused by terrain, facilities, temperature, weather, heat, lack of hydration, equipment, vehicular traffic, conditions, participants, and actions of other people, including without limitation participants, volunteers, spectators, coaches, event officials, event monitors, or event producers.

5. Assumption of Risk. I assume all risks of participating in this event, including without limitation any risks that may arise from negligence, carelessness or strict liability on the part of or attributed to Campus Research Corporation, the University of Arizona, the Arizona Board of Regents, the State of Arizona, and their respective agents, employees, officers, directors, representatives, successors and assigns (collectively, including CRC, the "CRC Affiliates"), and from any dangerous or defective equipment or condition or property owned, maintained, purchased, distributed or controlled by, the CRC Affiliates.

6. Release from Liability. I waive, release and discharge, and agree not to sue, the CRC Affiliates from all liabilities, claims, demands, rights, obligations, suits and causes of actions, including without limitation those for my death, disability, personal injury, property damage, or property theft, arising from or associated with this event, including without limitation liability arising from their negligence or fault. I indemnify and hold harmless the CRC Affiliates from any and all claims, demands, rights, obligations, suits and causes of actions arising from or made as a result of my participation in this event.

7. No Responsibility or Liability for Other's Acts. I acknowledge that the CRC Affiliates are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of any of the CRC Affiliates or on property owned or managed by the CRC Affiliates.

8. Certification of Physical Fitness. I certify that I am physically fit, have sufficiently prepared or trained for participation in this event, and have not been advised by a qualified medical professional not to participate. I certify that there are no health-related reasons or problems that preclude my participation in this event.

9. Consent to Medical Treatment. I consent to receive medical treatment that in the Sponsoring School's or any of the CRC Affiliates' discretion may be deemed advisable in the event of injury, accident, or illness during this event, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to representatives of the Sponsoring School or any of the CRC Affiliates examination findings, test results and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant or the participant's parent or guardian, or determination of the participant's ability to continue in the Event activities. I assume the responsibility of all medical bills, if any.

10. Interpretation. This Release and Waiver will be construed broadly to provide a release and waiver to the maximum extent permitted under applicable law.

11. Binding Effect. I acknowledge that this Release and Waiver governs my actions and responsibilities at this event. I acknowledge that this Release and Waiver will be used by the CRC Affiliates or the event holders, sponsors, or organizers for their benefit to the maximum extent permitted by law. I acknowledge, intend and agree that this Release and Waiver binds and inures to the benefit of me, my executors, administrators, heirs, next of kin, successors, and assigns. I acknowledge and agree that the University of Arizona, the Arizona Board of Regents and the State of Arizona are third-party beneficiaries of this Release and Waiver and are each independently entitled to receive its full benefit and to enforce its terms to the maximum extent permitted under applicable law.

I am aware that this is a waiver and release of liability and a legally binding contract for good and sufficient consideration, the adequacy of which I acknowledge. I certify that I have read this document, that I fully understand its contents, and that I sign it knowingly, intentionally, voluntarily and of my own free will.

Participants Name _____ (Print Name) Date _____

Participant's Signature: _____ (Signature)

Is Participant 18 years old or older? YES / NO (circle one)

Participant's age if under 18 years old: _____

If Participant is under 18 years old, parent or guardian must also sign back of this form:

PARENT / GUARDIAN WAIVER FOR MINORS (persons under 18 years old):

The undersigned parent or guardian represents that he/she is, in fact, acting in that capacity; that he/she consents to his/her child or ward's participation in this event; and that he/she agrees to be bound, individually and on behalf of the child or ward, to the terms of this Release and Waiver as stated above.

The undersigned parent or guardian further agrees to hold harmless and indemnify all parties referenced above from all liability, loss, cost, claim, or damage whatsoever that may arise from or be associated with her or his, or her/his child or ward's participation in this event.

Parent or Guardian's Name: _____

_____ (Print Name)

_____ (Signature)

Date: _____

Medical Treatment Information for Participant:

Insurance Carrier: _____

Group #: _____

Individual #: _____

If in an emergency there is a choice of medical providers, I prefer that my child be treated at the following hospitals: _____ or _____