



E2 Release, Indemnity, and Assumption of Risk form 2023 (includes travel)

Participant Name:

Participant ASU ID number:

Participant ASU Email:



E2 is an activity for all incoming first year students enrolled in a major within the Ira A. Fulton Schools of Engineering. E2 is offered at four different camp facilities in Prescott, Arizona. The student will travel by bus from either Tempe or Polytechnic campus for this 3-day, 2-night activity. The student will attend E2 at one of 4 possible locations: Emmanuel Pines, Chapel Rock, Friendly Pines (managed by CampGoway), or Pine Rock.

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, or observing, the activities or while I am traveling to or from the activities. I agree to indemnify the camp location (Emmanuel Pines, CampGoway, Pine Rock, or Chapel Rock), 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. In this agreement, "ASU" means the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees.

Email the signed form to e2camp@asu.edu. Registration will be confirmed upon receipt of this signed form.

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:** _____