MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

| Program Name | UNM School of Architecture + Planning |
|--------------------|--|
| | Architecture and Design Summer Academy |
| Semester | |
| Participant's Name | |
| Parent's or Legal | |
| Guardian Name | |

The University of New Mexico ("UNM") offers the **Architecture + Design Summer Academy** (**ADSA**) through the School of Architecture + Planning. A description of the ADSA is at https://saap.unm.edu/academics/adsa.html

As Participant's parent or legal guardian, I understand and acknowledge that certain risks are inherent to participating in recreational activities and youth camps, due to one's own actions, the actions of others or a combination of both. These risks may result in injury, minor or serious, as well as damage to personal property. If I have any specific questions about Participant's safety or the risks associated with Participant's chosen camp, I understand that I should speak to the **Architecture + Design Summer Academy** staff at the UNM School of Architecture + Planning.

Knowing the risks and in consideration of being permitted to participate in the above named camp, I do agree to assume all risks of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child's participation in the youth camp. I also, hereby release, waive, indemnify, hold harmless and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my child's activities, including the use of equipment and facilities provided by UNM.

I further understand that UNM does not provide health insurance for individuals participating in youth camps. As such, either I, or my personal health insurance, will be responsible for payment of medical services and care for any injuries sustained during the **ADSA**.

By signing this form, I am stating that I have read this waiver and notice of risk, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this waiver and notice of risk knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

| Participant's Name (PRINT) | | |
|---------------------------------------|-------|--|
| Parent/Legal Guardian's Name (PRINT): | | |
| Parent/Legal Guardian's Signature: | Date: | |