

MOUNT GRAHAM INTERNATIONAL OBSERVATORY WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF RISK FORM

I hereby acknowledge that I wish to visit the Mount Graham International Observatory. I have read and understand all of the facts and information described below.

INHERENT RISKS: I understand that visiting the Observatory presents an inherent risk of injury, serious bodily harm, or death. In particular, the risks include, but are not limited to, equipment failure of a motor vehicle, dangers of driving on paved and unpaved roads, vehicular traffic, actions of other people, hazards of an industrial work environment, dangers of high altitude, and the unavailability of professional emergency medical assistance.

EFFECTS OF HIGH ALTITUDE: the human body reacts to high altitude in a variety of ways. I understand the effects such as:

- Sudden, severe, or unrelenting, headaches
- Shortness of breath (even at rest)
- Chest Pain or tightness
- Palpitations
- Abdominal pain or nausea
- Dizziness or light headedness
- Vision change
- Changes in speech
- Loss of consciousness

One of the body's reactions to high altitude is water dumping to allow the blood to carry more oxygen. Frequent urination is a symptom of this process. Failure to replace lost body fluids can lead to dehydration, severe headaches, and predispose one to hypothermia. Observatory workers sometimes take aspirin, acetaminophen, or ibuprofen before departing for the Observatory to help avoid headaches. Individual responses to altitude can vary greatly. **No one is immune from the effects or the potential dangers.**

RISK FACTORS INVOLVED: I understand the significance of the risks that I, members of my party, or anyone under my supervision may be undertaking. These risks may be exacerbated by the following medical conditions or physical restrictions:

- Pregnancy
- Chronic respiratory disorders
- Asthma
- Chronic Obstructed Pulmonary Disease (COPD)
- Emphysema
- Chronic Bronchitis
- Congenital Heart Disease
- Congestive Heart Failure (CHF)
- Abnormal heart rhythm - Arrhythmia
- Anemia
- Previous health problems at high altitude
- Nausea (from altitude or car sickness)
- Physical Requirements:
 - Getting in and out of vans easily
 - Walking moderate distances
 - Climbing several sets of stairs
- Standing in place for extended periods of time
- **ANY need for assistive devices to walk may preclude the ability visit the site**

CONSENT: I represent that I am visiting the Observatory voluntarily. I acknowledge, agree, and represent that I understand the nature of this visit to the Observatory, and that I am qualified, in good health, and in proper physical condition to participate in this visit. I have no physical or mental condition which prevents me from visiting the Observatory in a manner that is unsafe for me, or others. It is my responsibility to take all appropriate actions in advance of, and while participating in this visit. I further acknowledge, and agree, that I have the responsibility to consult with my physician to determine if medical conditions exist that would pose a direct threat to my health, or the safety and health of others. I agree to abide by all the rules and regulations concerning general safety, as well as instructions from site personnel, and understand and accept the consequences that can result from not adhering thereto.

RELEASE OF LIABILITY: I hereby agree, on behalf of myself, my heirs, personal representatives, or other survivors, release and discharge, and promise not to sue the State of Arizona, Arizona Board of Regents, University of Arizona, Mount Graham International Observatory, Steward Observatory, the Vatican Observatory, the Arizona Radio Observatory, the Large Binocular Telescope Observatory, and any subsidiary and affiliate or government sponsor, as well as any person acting in his/her capacity as employee, officer, trustee, agent, docent, contractor or representative of the above- named entities (collectively "Released Parties") from, and with respect to, any and all claims, demands, actions, suits, causes of action, and liabilities of whatever kind or nature in law, equity or otherwise, that may arise from, are related to, or are in any way connected with my visiting the Observatory, including injury, death, damage or loss, whether it results from the negligence of any of the Released Parties, or from any other cause, provided, however that this does not extend to claims due to gross negligence, willful misconduct or a violation of law by any of the Released Parties. I agree to indemnify and hold harmless the Released Parties for and from any liability or loss imposed upon them resulting from my visit to the Observatory, INCLUDING ANY COSTS ASSOCIATED WITH ASSISTING OR AIDING ME, OR ANYONE UNDER MY SUPERVISION, WHO KNOWINGLY VISITED THE OBSERVATORY WITH ANY OF

THE ABOVE RISK FACTORS. I understand and agree that if a claim, suit, or attachment is brought or sought against me as a result in any way from my visiting the Observatory, I shall not be entitled to any defense or indemnification by any of the Released Parties in connection with such claim, suit, or attachment.

IN THE EVENT that I sustain injuries or illness while visiting the Observatory, I authorize the Mt. Graham International Observatory staff or docents to administer, or cause to be administered, such first aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital. I accept full responsibility for any medical expenses incurred as a result of these actions.

AUTHORIZATION: I represent and warrant that I have the full right, power and authority to enter into and execute this "Waiver of Liability" and to grant all rights granted under it. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AN ASSUMPTION OF RISK, AND A PROMISE NOT TO SUE OR MAKE CLAIM.

I HAVE CAREFULLY READ THIS RELEASE AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I SIGN THIS OF MY OWN FREE WILL.

Printed Name

Signature

Date