

(NAME OF STUDENT ORGANIZATION)
(Name of and Type of Special Event)
Participant Agreement and Waiver
for participating minors (under age 18 years old)

Parent or Guardian must read and sign acknowledging the following:

(Name of participant), a minor child, has registered to participate in the **(event name)** sponsored by the University of Washington **(Student Organization name)**, on **(date/hours)** at **(specific location)**.

Activities of this event may include **(enter description of activities of the event, specifically mention any that could pose a physical risk to participants; note if there is transportation provided; include others involved in operating event and who is supervising)**.

I the parent/guardian acknowledge that there are inherent risks in this event that may involve physical injury and possibly death. I assume such risk and responsibility and acknowledge that I am knowingly allowing my minor child to participate. I represent that my minor child is able, with or without accommodation, to participate in this event and I consent to their participation in the event as described.

I agree not to claim against the __ (student organization) __ or the University of Washington for injury, damages, or losses other than those arising from the negligent acts or omissions of the __ (student organization) __, the University of Washington, its employees, students and agents acting in the course and scope of the __ (student organization) __ or University-imposed duties.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that the __ (student organization) __ nor the University of Washington does not provide health and accident insurance for participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

In case of emergency, please contact me at this number: area code (_____) _____

Signature of parent/guardian

Date

Printed first, last name of parent/guardian

E-mail address

YouDub IDub Club
Fall Festival

Participation agreement Agreement and Waiver for
participating minors (under age 18 years old)

Parent or Guardian must read and sign acknowledging the following:

Jimmy Lee, a minor child, has registered to participate in the **Fall Festival**, sponsored by the University of Washington **YouDub IDub Club**, on **November 1, 2017 from 3-5pm on the HUB lawn**.

Activities of this event may include **outdoor games including a dance contest, running race, and arts and crafts. Food will be provided which may include allergens such as nuts or milk products. This event will be outdoors rain or shine, participants must bring their own rain gear, weather dependent. Club members and other student volunteers will be supervising games and activities on the premises. Accompanying adults are required to supervise their children during the event. Transportation is not provided to or from this event.**

I the parent/guardian acknowledge that there are inherent risks in this event that may involve physical injury and possibly death. I assume such risk and responsibility and acknowledge that I am knowingly allowing my minor child to participate. I represent that my minor child is able, with or without accommodation, to participate in this event and I consent to their participation in the event as described.

I agree not to claim against the **YouDub IDub Club** or the University of Washington for injury, damages, or losses other than those arising from the negligent acts or omissions of the **YouDub IDub Club**, the University of Washington, its employees, students and agents acting in the course and scope of the **YouDub IDub Club** or University-imposed duties.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that the **YouDub IDub Club** nor the University of Washington does not provide health and accident insurance for participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

In case of emergency, please contact me at this number: area code (_____) _____

Signature of parent/guardian

Date

Printed first, last name of parent/guardian

E-mail address