UNIVERSITY OF WASHINGTON
ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR MINORS PARTICIPATING IN

Section 1 (To be completed by Activity leader)
Host Organization: ___________________________ Activity Leader: ____________________________
Contact information of Activity Leader: ____________________________________________________
Start/End Date/Time of Activity: ___________________________ _______________________________________________
Location of Activity: ___________________________________________________________________
Activities to be undertaken include: ________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Details of the environment, including any potential hazards: _____________________________________
_____________________________________________________________________________________
Materials and/or tools used: ______________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Risks inherent in this Activity include bodily injury due to: _____________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Section 2 (To be completed by parents or guardians of minor participants)
Participant Name: ________________________________
I acknowledge that there are certain risks inherent in this program, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University staff. I represent that my minor child is able, with or without accommodation, to participate in this program, is able to use the equipment and/or supplies described above, and have obtained any required immunizations.
Should my minor child require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the activity 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 area code ______ tel. _________-____________ ext._______

Signature            Date

Print Name            Relationship to Participant

Section 3 (General Information) To request disability accommodations, please contact Disability Services Office at least 10 days in advance of the trip by calling (206) 543-6450 (voice); (206) 543-6452 (TTY); or (206) 685-7264 (FAX); or dso@uw.edu (email).