

UNIVERSITY OF WASHINGTON
ACKNOWLEDGMENT OF RISK 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: _____

Description of technologies used in Activity:

Virtual activities to be undertaken include:

Additional materials or supplies required for this activity:

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 data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, victimization, cyber stalking, online grooming, cyber predators, and image replication. 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 technology and/or supplies described above.

In case of emergency, please contact me at area code (_____) _____ 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 event by calling (206) 543-6450 (voice); (206) 543-6452 (TTY); or (206) 685-7264 (FAX); or dso@uw.edu (email).