

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: _____

In-person portion of Activity

Location of Activity: _____

Activities to be undertaken include: _____

Risks inherent in this Activity include bodily injury or illness due to exposure to infectious diseases, including COVID-19, and: _____

Virtual portion 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 those indicated in section 1 and 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, equipment and/or supplies described above and has 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 (____) _____ 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).