## **UNIVERSITY OF WASHINGTON**

## ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR MINORS PARTICIPATING IN

<b>Section 1</b> (To be completed by Activity leader)	
Host Organization: Acti	vity Leader:
Contact information of Activity Leader:	
Start/End Date/Time of Activity:	
Location of Activity:	
Activities to be undertaken include:	
Risks inherent in this Activity include bodily injury or illnes including COVID-19, and:	
Details of the environment, including any potential hazards:	
Materials and/or tools used:	
Section 2 (To be completed by parents or guardians of m	inor participants)
Participant Name:	-
I acknowledge that there are certain risks inherent in this indicated in Section 1 I acknowledge that all risks cannobeyond the control of the University staff. I represent th accommodation, to participate in this program, is ablescribed above, and have obtained any required immun	ot be prevented and I assume those risks nat my minor child is able, with or without e to use the equipment and/or supplies
Should my minor child require emergency medical treatment during the activity, I consent to such treatment. I acknowle not provide health and accident insurance and I agree to bills incurred as a result of emergency medical treatment my minor child has medical conditions about which informed.	edge that the University of Washington does be financially responsible for any medical t. I will notify the activity leader in writing if
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).