



Parent Permission/Liability Release Form

Please provide the following information for the student and parent. You **MUST** submit this form with the completed application by March 1st, 2012. If more time is needed, please contact Sonia Araiza at (509) 781-2945 or Rocio Carranza at (425) 280-8549.

I acknowledge that there are certain risks inherent in field trips, 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 release the University of Washington ("the University"), and its respective directors, officers, agents, and employees (collectively, "Releases") from liability for any loss, damage, injury or illness resulting from my child's participation in this activity.

- ❖ On behalf of my child and myself, I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releases, collectively or any of them individually.
- ❖ In the case of injury or illness, I authorize University representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.
- ❖ I understand that my child's attendance at the M.E.Ch.A conference may involve coverage by the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice, or likeness, and agree that the University may use my child's name, image, voice, or likeness in connection with publicity for the University of Washington and its recruitment and outreach/recruitment purposes.
- ❖ I further understand that my child will participate in educational dialogue regarding issues in their community that may be new to them (including information on Identity, Sexuality, Community Concerns, STIs/AIDS, etc). However, students will have the option to not participate during that part of the program.

I verify that I have read and understood this document and agree to its terms.

Executed this _____ day of _____, 2012, at _____, Washington.
(City)

Parent/Guardian (signature)

Student (signature)

Parent/Guardian Information

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

Student Information

Medical Restrictions: ☐ Yes ☐ No If yes, explain: _____

Current Medications: ☐ Yes ☐ No If yes, please list: _____

Dietary Restrictions: ☐ Yes ☐ No If yes explain: _____

Physician's Name: _____ Phone: (____) _____