

UNIVERSITY OF WASHINGTON

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR MINOR
FIELD TRIP PARTICIPANTS**

Section 1 (To be completed by field trip leader)

Class: _____

Field trip leader: _____ Telephone: _____

Address: _____

Field trip date(s): _____

Equipment/supplies to be provided:

by participant: _____

by field trip leader: _____

Immunizations required: _____

Physical activities to be undertaken include: _____

Risks inherent in this field trip include bodily injury due to: _____

Section 2 (To be completed by parents or guardians of minor field trip participants)

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 represent that my minor child is able, with or without accommodation, to participate in this field trip, is able to use the equipment and/or supplies described above, and have obtained the required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip 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

Section 3 (General Information)

- To request disability accommodations for this field trip, 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) 543-3885 (FAX); or access@u.washington.edu (email).