

Washington State University Performance as Education Informed Consent and Liability Release

Informed Acknowledgement & Warning of Hazards & Risks Connected with Participation in WSU Performance as Education Activities

Thank you for your interest in Washington State University (WSU) and Performance as Education. We ask that both the participant and the parents or legal guardians of the participant read and sign this agreement in the appropriate spaces.

Participant's Responsibilities

I want to participate in Performance as Education. By signing this document, I understand and agree to the following:

- I understand the care and security of my personal belongings is my responsibility.
- I understand I will not use alcohol, tobacco, or illegal drugs while participating in the event.
- I understand that if I choose not to follow activity rules or regulations, I can be removed from participation in the event by the organizers or their agents and returned immediately to my parent's or guardian's care.
- I understand that I will make decisions about my own safety and what activities I choose to participate in and will be responsible for the consequences of those decisions.
- I understand that if I deviate from the schedule upon arrival to campus (unless directed to do so by the Director or his/her designate), I risk forfeiting my opportunity to receive a WSU scholarship.

By my signature below I affirm that I have read the above indicating what is expected of me as a voluntary participant in Performance as Education.

Participant's Signature

Date

Parent or Guardian's Signature

Date

A Warning to Participants and their Parents or Guardians

I understand that by allowing my child to participate in or travel to or from the Performance as Education event and workshops, including, but not limited to Engineering and Architecture, Veterinary Medicine, College of Sciences, the Student Recreation Center, CUB Game Room, My child may be exposed to the risk of accident or injury, including but not limited to injury from vehicle accident, injury during activities including falls, drowning or injury from use of the Student Recreation Center pool and equipment, and injury from using WSU laboratory equipment. These risks may lead to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in or traveling to or from the activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my person or property.

This warning cannot list every potential hazard. You must inform the organizers of any personal relevant medical conditions and obtain the permission of any relevant personal advisors, including your child's physician or counselor/therapist, before you allow your child to participate in any of the activities. Your child isn't required to participate in all activities. You should instruct your child not to participate in anything you or your child does not regard as safe.

Parent's Assumption of Risk and Release of Liability

- I agree that as consideration for allowing my child to participate in Performance as Education. I will not hold Washington State University or any part of Washington State University or the State of Washington, or any of its officers, employees, and agents responsible for what happens to my child at Performance as Education. I accept full responsibility for any injuries that may occur as a result of my child's participation in Performance as Education.
- I agree that any costs incurred for any medical care for my child will be my responsibility.
- I have had a chance to ask questions and seek advice before signing this document.
- I have informed Activity Organizers of any relevant physical/mental conditions that my child has.
- If my child is removed from participation in the event for any reason, I will be responsible for my child's transportation back to my care.

If any part or portion of this document is determined to be invalid, the remaining parts or portions will be considered valid and enforceable.

By my signature below, I indicate I am the legal parent or guardian of the named child and have read this document and understand it. I have considered it carefully, and agree to its terms.

Parent or Guardian's Signature

Child's Name

Date

For further information, or to ask questions regarding the terms of this agreement prior to signing and submitting it, contact Ashley Safranski at 509-335-3397 or ashley.safranski@wsu.edu. We look forward to your visit to Washington State University!