

# University of Washington & United Way of King County

## Martin Luther King Jr. Day of Service - January 21, 2008

**Participants Age 18 and Over**

**Acknowledgment of Risk:** I acknowledge there are certain risks inherent in volunteering in the community, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of the University faculty and staff. I represent that I am physically able, with or without accommodation, to participate in this community service project.

**Communication Release:** I give the University of Washington Carlson Center and United Way of King County permission to use the photographs that are taken of me (or in which I may be included with others) for any purpose including, but not limited to, web site illustration and promotion and future publicity for community work. I also give permission to use my name in connection with the Martin Luther King Jr. Day of Service. I release and discharge the University of Washington and United Way of King County from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

**Consent for Treatment:** Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for participants in this community service project and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the Carlson Leadership & Public Service Center staff if I have medical conditions about which emergency medical personnel should be informed.

Project Name: \_\_\_\_\_ Project Leader Name: \_\_\_\_\_ (Please sign-in on first line below)

Please return this form (in person, mail, or fax 206-616-4389) by Friday, Jan. 25, 2008 to:  
Carlson Leadership & Public Service Center, 120 Mary Gates Hall – Box 352803, University of Washington Seattle, WA 98195-2803

**Date: January 21, 2008**

	Check box to consent to communication release	Name (Please Print)	Signature	UW Affiliation Student, Staff, Faculty, Alumni, Friend, Family...	Emergency Contact – Name & Phone #
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