UNIVERSITY OF WASHINGTON
ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR MINORS
PARTICIPATING IN
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2020 Virtual Shades of Purple Conference
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Section 1 (To be completed by Activity leader)
Host Organization: Office of Multicultural Outreach and Recruitment (MOR) Activity Leader: HtooShar Mon
Contact information of Activity Leader: email: reach@uw.edu phone: (206) 543-5715
Start/End Date/Time of Activity: 07/23 (9:30AM-12:30PM), 08/04 (9:30AM-12:30PM), 08/06 (1:30PM-3:30PM), 08/10 (1:30PM-3:30PM), 08/12 (9:30AM-12:30PM), & 08/14 (9:30AM-12:30PM).
Description of technologies used in Activity: Participants will need access to a laptop/computer and reliable Wi-Fi to participate in the virtual conference on a University of Washington approved online platform.
Virtual activities to be undertaken include: Participants will attend workshops to prepare them for the UW admission process, interact with future classmate, and learn about available programs on campus.
Additional materials or supplies required for this activity: ____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Section 2 (To be completed by parents or guardians of minor participants)
Participant First and Last Name: __________________________________________
I acknowledge that there are certain risks inherent in this program, including but not limited to data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, victimization, cyber stalking, online grooming, cyber predators, and image replication. 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 program, is able to use the technology and/or supplies described above, and have obtained any required immunizations.
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 virtual conference at (206) 543-6450 (voice); (206) 543-6452 (TTY); or (206) 685-7264 (FAX); or dso@uw.edu (email).