

UNIVERSITY OF WASHINGTON

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR MINORS PARTICIPATING IN
[STARTALK 2024 | Magnificent St. Petersburg]**

Section 1

Host Organization: UW Language Learning Center

Activity Leader: Larisa Shuvalova

Contact information of Activity Leader: startalk-bham@uw.edu

Start/End Date/Time of Activity: Jan 2024-June 2025 (Summer camp: July 8-19, 2024 (6 hours per day during summer camp)

Location of Activity: Online and Bellingham, WA

Activities to be undertaken include: Standard lessons, field trips to museum and coffee shop

Risks inherent in this Activity include bodily injury or illness due to exposure to infectious diseases, including COVID-19, and encountering non-program staff and participants during field trips.

Details of the environment, including any potential hazards: Program participants will meet virtually for most of the year. Some participants will be in person in Bellingham, WA for the summer program.

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

Participant Name: _____

I acknowledge that there are certain risks inherent in this program, 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 program, is able to use the equipment and/or supplies described above, and have obtained any required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the activity 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 (_____) _____ - _____ 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 event by calling (206) 543-6450 (voice); (206) 543-6452 (TTY); or (206) 685-7264 (FAX); or dso@uw.edu (email).