UW School of Pharmacy

STEP Summer Program
Visiting Student Agreement- General Risk Form

July 24-27, 2017
sop.uw.edu/step

I, __________________________, the parent/guardian (the same individual listed on the application form) of __________________________ (a participant in the UW School of Pharmacy STEP Program), agree to the following:

- There are certain risks inherent in field trips, laboratory equipment, classroom materials, public and University transportation, naturally occurring hazards, scavenger hunts, kayaking, bowling, barbecues, and other elements of an interactive educational program.
- Even though safety precautions will be taken throughout the duration of the Program, I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of University staff.
- The risks, while statistically low, include serious injury, permanent disability and disfigurement, and death.
- My minor child is able, with or without reasonable accommodation, to participate in this program. If my child requires accommodation or has any medical conditions affecting his/her ability to participate in the program, I will notify the Program contact person in writing.
- If my child requires emergency medical treatment as a result of accident or illness arising during the Program, I consent to such treatment.
- My child is not entitled to liability coverage, medical/accident insurance, payment of medical deductibles, co-payments, non-covered medical expenses, or other benefits through the University of Washington, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.
- I agree not to make any claims against the University of Washington for injury, damages, or losses other than those arising from the negligent acts or omissions of the University of Washington, its employees, students and agents acting in the course and scope of their University imposed duties.

______________________________________  ______________________________________
Parent/Guardian Signature                     Date

______________________________________
Emergency Contact Name

______________________________________
Emergency Contact Phone Number

______________________________________
Emergency Contact Email Address