

CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT FOR MINORS ONLY

Office of Community Engagement | EagleUP | 2019-2020 Academic Year

This form is required for children who wish to participate in the EagleUP. Minors cannot participate in the EagleUP without the minor's parent/guardian signing this form.

For and in consideration for the opportunity for his/her child to participate in this program/event, the below parent/guardian voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in the EagleUP program/event.
2. I acknowledge that participation is voluntary. I also agree that for the purpose of this agreement, "program/event" includes participation in EagleUP, organized by Office of Community Engagement to be held during the 2018-2019 academic year at various locations throughout Spokane County.
3. I understand and acknowledge that this program/event includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, collisions, and allergic reactions. I voluntarily choose to allow my child to participate in this program/event with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or any property belonging to me or my child, while participating in such activity or any activities related to this program/event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this program/event on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my child's participation in this program/event.
5. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect their safety, or the safety of others, related to my child's participation in this program/event. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm my child's fitness for participation in this program/event;
 - b. If my child has a prescription for medications or is taking over the counter medications, I should confirm with my child's medical provider whether the medications will impact my child's participation in the program/event; and
 - c. My child should not participate in the program/event while under the influence of any medication that may impact his/her ability to safely participate.
6. Neither EWU, nor their employees/agents serve as guardians or insurers of my child's safety. EWU does not provide any special insurance for my child's protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to my child or myself or to my or my child's property, including but not limited to, emergency transport, emergency medical services, medical treatment, and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage for my child if accident or injury occur.
7. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my child's ability to fully participate in this program/event. In the event that any medical attention is needed and I am unable to provide consent, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning the health and safety of my child. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my child's health and well-being, all at my expense.
8. I grant full permission for EWU to use any photographs, recordings, or any other record of this program/event for any purpose.

By my signature below, I certify I am the legal parent or guardian of the named child, am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in EagleUP.

Minor's Name (Please Print)

Minor's Date of Birth

Parent/Guardian/s Name (Please Print)

Parent/Guardian's Signature Date

Emergency Contact Name

Emergency Contact Phone Number