

AP CONNECT

WASHINGTON STATE UNIVERSITY (WSU)

AP CONNECT PROGRAM ACTIVITIES For Parents or Guardians of Participants Under 18 Years of Age

ASSUMPTION OF RISK

I understand that there are risks in participating in Advanced Placement Readiness and College Readiness Activities at AP Connect at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the AP Connect Program including Advanced Placement Readiness and College Readiness Activities, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the AP Connect Program that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, 200__.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

Witness's Name (Printed)

Witness's Signature

AP CONNECT EMERGENCY AND MEDICAL INFORMATION

Please provide at least one emergency contact:

1. Emergency contact authorized to pickup student in case of emergency:

Name: *(print)* Relationship

Address:

Phone:# Cell:

2. Alternate emergency contact:

Name: *(print)* Relationship

Address:

Phone:# Cell:

AP CONNECT/WSU Vancouver has permission to seek immediate medical treatment for my child including transport to a hospital in case of a medical emergency.

AP CONNECT staff does not administer or store any medications. If the student requires prescription medication while attending AP CONNECT functions, he or she must register medications with staff before entering the program areas.

- The parent must provide a description of the medication and a signed statement from the doctor that the student must use the medication during the hours of AP CONNECT and that the student is capable of self-administering.
- Or, the parent/guardian may come to the school to administer the prescribed medication.
- I agree to provide sunscreen for outdoor play and I give permission to WSUV/AP CONNECT and its employees and volunteers to require application of sunscreen as deemed necessary.

Dated: _____

Signature:

Parent/guardian name: *(print)*

**WASHINGTON STATE UNIVERSITY (WSU)
MINOR PHOTO RELEASE FORM FOR THE AP CONNECT PROGRAM
EVENTS AT THE WSU VANCOUVER CAMPUS**

I hereby grant AP CONNECT permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of AP CONNECT and will not be returned.

I hereby authorize AP CONNECT to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the AP Connect Program or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. I understand that I can revoke this consent at any time upon notice to WSU, at which time I will sign a copy of the denial for use of images or voice recordings.

I hereby hold harmless and release and forever discharge the AP CONNECT/WSU Vancouver from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Minor Photo Release

Name of minor (please print) _____

Release for minors (those under the age of eighteen). I, the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Date