



Name of Student: _____

Please Complete both pages!

Food Allergy/Intolerance: Lunch will be provided daily at the camp. These lunches are prepared off campus, as we do not have the ability to prepare custom meals. We will do our best to provide more than one option for our lunch meals, but it is not possible to guarantee meals/snacks for all food allergies/intolerances. Students are also welcome to bring their own lunch/snacks at a discounted rate. (Please see the “bring your own lunch” option on the registration page.). WSU Tri-Cities staff are not trained to administer injections due to allergic reactions, and our staff does not carry or provide stock epinephrine. Please contact us with questions or concerns.

IMPORTANT! Please provide a written document (if applicable) explaining that the Participant understands his/her food allergy and what needs to be done to manage it, including any information you would like to share to help us meet the Participant’s need.

Medications: Washington State University staff cannot administer medication to children. If your student requires a dosage during camp hours, please make appropriate arrangements. All medications sent with the student to campus must be in their original containers. Prescriptions must have the student’s name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.

Emergency Medical Release: In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents to be an emergency, I authorize WSU and its authorized agents to obtain emergency medical care for my student. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my student’s health record from providers who treat my student and these providers may talk with the program’s staff about my student’s immediate health status. NOTE: Minors may consent to certain services in Washington. I hold harmless and agree to indemnify WSU, its authorized agents and employees from decisions to seek emergency treatment.

Health-Care Providers:

Name of Primary Doctor(s): _____ Phone: _____

Medical Insurance Information: This student is covered by family medical and/or hospital insurance. No Yes, information is provided below:

Primary Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone: _____

Image and Voice Recordings Consent: WSU may share camper activities on its website for the enjoyment of students, their family, and friends. Local media often request to attend these programs to capture the students’ learning activities to share with their viewing audiences. Please let us know of your preferences:

Yes: Images or voice recordings may be used as set forth below.

No: Images or voice recordings may not be used as set forth below.

- Permission is granted to WSU for the student to be photographed or otherwise have images or voice recordings made (including but not limited to photographs, moving images and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print and digital media).
- The student’s name and/or interview comments may be used in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or other electronic media.
- The use of the student student’s likeness or voice recordings is not a condition of participating in the activity and that consent may be refused without any impact in the ability to fully participate in the program.
- No inducements or promises beyond this acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below.
- Any other use of images and/or recordings, names, and/or interview comments requires advance permission.
- The Image and Voice Recordings Consent may be revoked at any time upon notice to WSU, at which time the parent/guardian will sign a copy of the denial for use of images or voice recordings.

The above information is correct and accurately reflects the student to whom it pertains. The student described has permission to participate in all program activities except as set forth by me and/or an examining physician. I understand the information on this form will be shared on a “need to know” basis with WSU staff. I give permission to photocopy this form for those purposes. I voluntarily sign this authorization in consideration for permission for my student to participate in WSU Tri-Cities Summer STEM Camps. I have read it, and I understand its content and significance.

(SIGNATURE REQUIRED)



Signature of Parent/Guardian

Date

By checking this box, I confirm that the information on this form is true and correct, and that my typed signature on this form is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.



SUMMER STEM CAMPS

RELEASE AND ASSUMPTION OF RISK For Parent or Guardian Claims of Participants Under 18 Years of Age

Name of Minor Child: _____

Parent or Guardian Consent

I am the parent or guardian of the child, a minor under the age of eighteen (18) legally incompetent to contract, whose name is set forth above. I certify that I am authorized to make decisions on that person's behalf. I understand that there are risks in participating in the educational activities associated with Summer STEM Camps at Washington State University (WSU) Tri-Cities. In consideration for and as a condition of the above listed student 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 student 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 Summer STEM Camps activities which may be conducted indoors or outdoors include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis and/or brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system; serious injury or impairment to other aspects of the child's body, general health, and well-being, and/or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that WSU cannot specifically anticipate and list here.

Parent or Guardian's Release of Claims and Liability

I am responsible for and allow the person whose name is set forth above to participate in Summer STEM Camps on WSU property. I personally and voluntarily consent to the involvement of the person whose name is set forth above. I release program sponsors individually and in their roles as employees or agents of WSU, their heirs and assigns; the state of Washington; the Regents of WSU; WSU; any subdivision or unit of WSU, its officers, employees, and agents, as well as their heirs or assigns; from any claims I may have by virtue of my role as parent or guardian and from all liability derived from my status as parent or guardian. This includes all liability, claims, costs, expenses, injuries and/or losses which I may sustain, derived from my role as parent or guardian, as a result of the participation of the above named child in the above event.

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 program sponsors. I sign it freely and voluntarily.

(SIGNATURE REQUIRED)

X

Signature of Parent/Guardian

Date

By checking this box, I confirm that the information on this form is true and correct, and that my typed signature on this form is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.