

SEATTLE UNIVERSITY

PhysFest 2018

**PARTICIPATION AGREEMENT,
RELEASE AND ASSUMPTION OF RISK**

Print name of high school participant: _____

("Student") who will be participating in PhysFest 2018 at Seattle University on March 2nd and 3rd (the "Program").

Age of Student: check which statement applies:

Student is a **minor** (under 18) and parent/guardian must sign the agreement. _____

Student is an **adult** (18 or over), and will sign the agreement him/herself. _____

In consideration of Seattle University's agreement to permit Student to participate in the Program and (if applicable) to be an overnight guest in connection with the Program, I agree as follows:

1. **Program Activities.** I understand the Program will involve organized educational and social activities on the Seattle University campus between approximately 5:00 PM and 9:00 PM on Friday, March 2nd and between approximately 7:30 AM and 4:45 PM on Saturday, March 3rd. Some of these activities involve conducting and/or observing scientific experiments, some of which involve sophisticated, advanced equipment and techniques that could cause injury to Student. I understand the importance of following the instructions of the Program personnel in these experiments for the safety of Student and others and (if Student is a minor) I have discussed the importance of following instructions with Student.

2. **Overnight Stay (applicable only if Student stays overnight).** I have requested permission for Student to stay the night with a Seattle University student host on one or both of the following nights: March 2nd - March 3rd. I understand that Student will be staying with the Seattle University student host in a residence hall on the campus. I understand that social activities and norms in a University residence hall may be different from what Student regularly experiences at home or in high school. I understand that there will only be limited supervision by Seattle University staff and that the University cannot monitor or control the personal decisions, choices and activities of individual students or guests. I know that Seattle University is located in an urban setting and that participants may decide to travel off campus for social, recreational or cultural activities. I understand the importance of each participant exercising care for his or her own safety and well-being. I have discussed each of these matters with Student (if a minor). I am fully aware that Student's overnight stay is totally voluntary and I agree to be or, if Student is a minor, I permit Student to be an overnight guest of the student host on campus.

3. **Assumption of Risk.** I acknowledge and accept that there are certain risks that could result in injury from Student's participation in the program and (if applicable) overnight stay with the student host. I have knowingly and voluntarily decided to assume those risks in consideration of the University's permission to allow Student to participate.

4. **Health Condition and Insurance Coverage.** I state to the best of my knowledge that Student has no medical, physical or mental health conditions which would hinder or prevent him or her from active participation or otherwise jeopardize the well-being of other students, faculty or staff. If Student has any particular health or medical conditions or is taking any prescription medications that the University should be aware of, please list them below. I represent and warrant that Student is covered by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness that he or she may sustain as part of or during participation in the Program or (if applicable) overnight stay.

List any health or medical conditions or prescription medications: _____

5. **Personal Property.** I acknowledge and accept that Seattle University is not responsible in any way for personal clothing, items, or equipment that may be lost, stolen, or damaged as a result of Student's participation in the Program or overnight stay.

6. **Behavior; Follow Rules and Policies; No Alcohol or Drugs.** I understand that Student is governed by the same policies, expectations and rules as are students at the University. This includes the expectation that Student will act responsibly, treat others with respect, will not engage in any illegal or dangerous activities, such as consumption of alcoholic beverages or illegal drugs or marijuana, and will not damage the property of or cause injury to others. I have discussed these expectations with Student (if a minor). If the University determines that Student has not met behavioral rules or expectations, Student's participation in the Program will terminate. If this occurs and Student is a minor, I agree to pick up Student immediately upon notification.

7. **Release of Liability.** I, individually, and on behalf of my child (if Student is a minor), hereby release and forever discharge Seattle University and its employees, agents, servants, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, claims, costs, expenses, injuries or losses that I, or my child (if Student is a minor) may sustain as a result of Student's participation in the Program, including an overnight stay in connection with the Program, or use of the University's services, facilities and equipment, except for those injuries or losses arising from intentional or gross misconduct on the part of the University.

8. Indemnity for Injury or Damage Caused by Student. I further agree to indemnify and hold harmless Seattle University and its trustees, officers, employees and representatives from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional acts or omissions while participating in the Program or (if applicable) while staying as an overnight guest on campus.

9. Interpretation of Agreement. I agree that the Assumption of Risk, Release and Indemnity provisions of this agreement are intended to be as broad and inclusive as permitted by the laws of the State of Washington, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect.

10. Acknowledgment and Voluntary Signature. In signing this Agreement, I acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and (if Student is a minor), those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Please Print/Sign Clearly:

Student's Name _____ Student's Date of Birth _____

Student's Signature (if over 18) _____

Parent or Guardian's Name _____

Parent or Guardian's Signature (if Student is a minor, under 18): _____

Date _____

Parent or Guardian's Contact Information:

Primary phone number _____ Back up phone number _____

Email Address _____

Street Address _____ City _____ Zip Code _____