



MEDICAL AUTHORIZATION

UNIVERSITY SPONSORED PROGRAMS

Seattle University requests this information so that the Program staff can properly plan to meet the needs of each participant and, in case of emergency, that we have accurate information to provide and/or seek appropriate treatment for Participant. You are responsible for providing accurate and complete information.

All Participants must have up-to-date immunizations in order to participate in any University-sponsored program.

Program/Camp Name: Seattle University AI for Equity Pre-College Program

Date(s): July 16, 2023 – July 21, 2023

Location: Seattle, WA

GENERAL PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex (Male/Female): \_\_\_\_\_

Pronouns: \_\_\_\_\_

INSURANCE INFORMATION

Do you have health/accident insurance (Y/N): \_\_\_\_\_

If yes, Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

Seattle University does not offer any form of health, liability, or other types of insurance for the participant while participating in the Program.



# Medical Authorization

SEATTLE UNIVERSITY

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## MEDICAL INFORMATION

You should consult with your child’s physician before allowing your child to participate in this Program. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician’s Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician’s Address: \_\_\_\_\_

Date of most recent tetanus toxoid immunization (DTaP, TD): \_\_\_\_\_

Is the Participant fully vaccinated\* against COVID-19? (Y/N): \_\_\_\_\_

If yes, date of their most recent dose?: \_\_\_\_\_

**Please answer the following questions with “Y” for “yes” and “N” for “No.” If the answer to any of the following questions is “Y” (yes), please explain on the lines provided below, and use additional paper if needed.**

Does the Participant have any limiting medical conditions that you or your doctor feel may limit Program participation?: \_\_\_\_\_

Is the participant currently taking any medication that may interfere with their ability to safely participate in the Program?: \_\_\_\_\_

Is the Participant taking any medications that must be administered during the Program?: \_\_\_\_\_

Does the Participant have a history of allergies or reactions to medications, foods, insect stings, or plants? \_\_\_\_\_

Does the Participant have a history of, or currently suffer from, medical condition(s) about which we need to be aware? \_\_\_\_\_

Does the Participant need any accommodations to safely participate in the Program? \_\_\_\_\_

If the Participant has any other medical conditions or special needs that you think are important for the Program staff to know about, please include that information here.

Other Information/Explanations: \_\_\_\_\_  
\_\_\_\_\_



## Medical Authorization

SEATTLE UNIVERSITY

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### AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/Participant ("Participant") is capable of participating safely in the Program and any activity restrictions, allergies, medications are listed on this form.

I give permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I hold harmless and agree to indemnify the Program and Seattle University from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to Participant that may occur during their participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to my Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental, and physical condition and that it is accurate and complete. I agree to notify the Program of any changes in Participant's mental, physical or medical condition before the Program begins.

Parent/Legal Guardian Name:

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Signature:

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Work Phone:

Cell Phone:

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Date

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Parent/Legal Guardian Name:

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Signature:

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Work Phone:

Cell Phone:

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Date

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# Medical Authorization

SEATTLE UNIVERSITY

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## EMERGENCY CONTACT INFORMATION

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. If necessary, an emergency contact should be able to come to the Program site and pick up your child.

Emergency Contact #1 Name

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Home Phone #

Work Phone #

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Cell Phone #

Relation

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Emergency Contact #2 Name

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Home Phone #

Work Phone #

---

Cell Phone #

Relation

---

Emergency Contact #3 Name

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Home Phone #

Work Phone #

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Cell Phone #

Relation

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Emergency Contact #4 Name

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Home Phone #

Work Phone #

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Cell Phone #

Relation

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**SEATTLE UNIVERSITY**  
**AI for Equity Pre-College Program**

**STUDENT CODE OF CONDUCT**

The Seattle University AI for Equity Pre-College Program is committed to providing a safe and positive experience for participants. The following rules, which constitute the Code of Conduct for the AI for Equity Pre-College Program, are essential to that commitment and are in effect for the duration of the conference.

1. **Alcohol and Drugs:** A student may not possess, use, or be under the influence of alcoholic beverages, drugs, or other substances except (i) drugs prescribed by a physician and used only in the manner prescribed, and (ii) over-the-counter medications used as directed and with the permission of the parent or guardian.
2. **Curfew:** Curfew is from 10 PM until 6:30 AM. Students must be in their own rooms by curfew and may not leave without permission, except in an emergency such as a fire or other hazardous event.
3. **Violation by Companionship:** A student who is in the company of a person who is violating a rule in this Code of Conduct will be treated as being in violation of that rule.
4. **Commitment to stay within the Program requirements:** Students will stay on campus or within the boundaries outlined in the Program for the duration of the Program. Students who leave the campus or a particular program without permission will be dismissed immediately and their parents or guardians will be notified immediately.
5. **Personal Conduct:** Students must refrain from conduct unbecoming a student in a higher educational setting. This includes, but is not limited to, lewd or sexually explicit language or behavior; name calling; biased language or actions directed at another because of their race, religion, ethnicity, sex, sexual orientation, gender identity, or mental or physical disability; and physical or verbal harassment.

Violations of the Code of Conduct will result in the following actions:

1. A telephone call to the parent or guardian with instructions to pick up the student immediately.
2. Information will be forwarded to the Admissions Office of the University.
3. The referring school will be notified.
4. Law enforcement and campus safety representatives may be notified, as appropriate.

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I agree to follow the rules of the Code of Conduct for the AI for Equity Pre-College Program.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SEATTLE UNIVERSITY  
UNDERGRADUATE ADMISSIONS**

**LIABILITY RELEASE, WAIVER AND  
AUTHORIZATION TO PARTICIPATE**

Name of Participant: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

In consideration of \_\_\_\_\_ (“Participant”) being allowed to participate \_\_\_\_\_ (Name of Participant) in the AI for Equity Pre-College Program (“Program”) at Seattle University from July 16, 2023 through July 21, 2023 I affirm and agree as follows:

**Authority and Consent.** By signing below, the parent or legal guardian of Participant represents and warrants that they are the parent or legal guardian of Participant and acknowledges that, by signing below, they are giving consent for the Participant to attend and participate in the Program. The undersigned understands that Participant’s participation in the AI for Equity Pre-College Program is voluntary and that as a condition of the Participant’s participation, they agree to comply with all AI for Equity Pre-College Program requirements including, but not limited to: (a) accurately completing all registration forms in a timely manner; (b) ensuring that Participant is aware of the Program’s expectations and standards of conduct; (c) and immediately notifying AI for Equity Pre-College Program staff of any concerns related to Participant’s health, safety, or security, or that of other participants or AI for Equity Pre-College Program staff.

**Understanding of Risks.** Seattle University provides facilities for students to participate in the Program. The Participants will participate in a faculty-led course from Seattle University and will travel by passenger vans for airport pick up and drop off. The Participants will reside in the University’s residential housing (dormitories) and will eat in the University’s student food service area. The Seattle University campus is located at Broadway and Madison and is in an urban setting that is generally open to the public. There are inherent risks to Participants and their property while residing on campus, traveling in vans or cars, and/or participating in activities on an urban campus. These can include, among other risks: unfamiliarity with different food, surroundings, or safety practices; injury or damage commonly associated with travel by van or car; intentional and negligent acts by other program participants; loss or destruction of property; injury or damage resulting from falls, fire, or recreational activity; or criminal activity that can occur in an urban setting. In addition, minors on campus may be exposed to COVID-19, language, pictures, opinions, and/or behaviors that are not present in secondary school settings and that many parents would consider unacceptable.

**I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent with being present on a university campus and traveling throughout the region.**

**Authorization for Medical Treatment.** I understand and agree that Seattle University does not have medical personnel available on campus. I have signed a separate form authorizing AI for

Equity Pre-College Program staff or licensed health care providers to authorize emergency medical treatment, if necessary, and agree that such action by Seattle University staff shall be subject to the terms of this Agreement. I understand and agree that Seattle University assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I accept full responsibility for the cost of any medical treatment to my child as a result of any injuries in connection with AI for Equity Pre-College Program activities and certify that my child has adequate health insurance coverage necessary to provide for and pay any medical costs that may be attendant as a result of injury to my child. I agree to indemnify, defend, and hold harmless Seattle University from any and all claims, actions, losses, damages, liabilities, costs, or expenses arising out of or resulting from such medical treatment.

**Affirmation of Student's Eligibility.** Understanding the risks inherent in residing and traveling away from home, I certify that \_\_\_\_\_ (Participant) is physically, mentally, and emotionally fit to participate in the AI for Equity Pre-College Program activities. I certify that I have informed AI for Equity Pre-College Program staff of any medical conditions or medications about which emergency medical personnel should be informed. In addition, if my child requires accommodation for a disability, I understand that it is my obligation to provide AI for Equity Pre-College Program with at least two weeks' notice of the request for accommodation.

**Responsibility for Personal Property.** I understand that Seattle University assumes no liability for any personal property or belongings that my child may bring or wear to AI for Equity Pre-College Program.

**Code of Conduct.** I have reviewed the Code of Conduct with my child and understand that my child is responsible to abide by the Code of Conduct throughout their participation in the program.

**Pick Up and Drop Off.** I understand that it is my responsibility to transport my child to the AI for Equity Pre-College Program and to pick up my child promptly at the conclusion of the day (for day programs) or program.

**Transportation.** I understand that as a party of my child's participation in the AI for Equity Pre-College Program, Seattle University may transport my child by Seattle University vehicle to locations and venues of interest in King County, Washington.

**Authorization to Use Image, Voice, and/or Likeness:** I hereby grant Seattle University the irrevocable, assignable, worldwide right and license to use, alter, and public my child's image, alone or together with other images, sound recordings, and text, for University publications and for all other purposes reasonably related to promotion of the University (including providing copies to news and other media), in any manner and in any medium now known or later developed, without the need for my prior approval. I give Seattle University permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of my child during their participation in AI for Equity Pre-College Program.

**Liability Release, Waiver, and Covenant Not to Sue:** In consideration of my child being permitted to participate in the AI for Equity Pre-College Program, I for myself, my spouse, child, and heirs, do hereby release, waive, discharge, and covenant not to sue Seattle University, its governing board, trustees, officers, agents, and employees, from and against any and all liability for any loss, damage, injury, accident, or illness, including COVID-19, that may be sustained by my child or by any property belonging to my child, whether caused by the negligence or carelessness of the University and/or its agents, employees, or representatives, or the negligence, careless, or willful acts of any other participant in the program, or any third person, while my child is enrolled in and participating in the AI for Equity Pre-College Program. I agree to indemnify, defend, and hold harmless Seattle University, its governing board, and its trustees, officers, employees, representatives, and agents from any financial obligations, property damage, injuries, or liabilities that Participant may cause while participating in the AI for Equity Pre-College Program.

**I HAVE READ THIS LIABILITY RELEASE, WAIVER, AND AUTHORIZATION TO PARTICIPATE AND ACKNOWLEDGE THAT I AM SIGNING IT FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Date of Signature

Signed: \_\_\_\_\_

Parent/Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone No.: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_





**SUMMER PROGRAMS**

Seattle University  
901 12th Avenue  
Seattle, WA 98122

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**Program Name:**  
Seattle University AI for Equity  
Pre-College Program

**Program Dates:**  
July 16, 2023 – July 21, 2023

**Release of Claims and Covenant Not to Sue**

In consideration for my being allowed to participate in the Seattle University AI for Equity Pre-College Program, I hereby release, forever discharge, and covenant not to sue Seattle University and its trustees, officers, directors, employees, agents, and assigns for any injuries, damages, liabilities, or other claims arising out of or connected with my participation in the Program.

Date

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Signature

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Print Participant's Name

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***If participant is under the age of 18 years, parent or legal guardian must sign below:***

Parent Signature

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Print Parent/Guardian Name

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# SEATTLE UNIVERSITY

## PHOTOGRAPHY RELEASE

For valuable consideration received, I hereby grant to Seattle University the irrevocable, assignable, worldwide right and license to use, alter and publish my image, alone or together with other images and text, for University publications and for all other purposes reasonably related to promotion of the University, in any manner and in any medium now known or later developed, without the need for my prior approval. This release will govern all images of me, whether created before or after the date of this release, unless I notify Seattle University in writing that I desire to exclude specific images from this release. I hereby release the photographer and/or videographer and Seattle University, its agents and assigns, from all claims and liability relating to the licenses I have granted in this release. This release will not obligate the University to use or publish my image or use the rights I have granted. I hereby certify that I am 18 years of age or older and have the right to grant the licenses contained in this release.

*Photographs or video images that are sufficiently clear to identify a student are considered part of the student's education records and are protected from disclosure by federal law (FERPA). The University's FERPA notice can be viewed at [www.seattleu.edu/registrar/student-records/ferpa/annual-notification/](http://www.seattleu.edu/registrar/student-records/ferpa/annual-notification/)*

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_, a person under the age of 18 years, and in consideration of value received, the receipt of which I acknowledge, I consent to the terms of the release set forth above.

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

### Marketing and Communications

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