(NAME OF UW DEPARTMENT/STUDENT ORGANIZATION)

(Name of and Type of Special Event)

Participant Agreement and Waiver

(Name of participant) has registered to participate in the (event name) sponsored by the University of Washington (Department or Student Organization name), on (date).

( Participant) acknowledges that physical injury and death are risks inherent in this event, and that s/he assumes such risks. (Participant) represents that s/he is capable, with or without reasonable accommodation, of undertaking this event.

(Participant) agrees not to claim against the University of Washington for injury, damages, or losses other than those arising from the negligent acts or omissions of the University of Washington, its employees, students and agents acting in the course and scope of the University-imposed duties. If (Participant) is injured, s/he consents to emergency medical treatment at his/her expense.

____________________________________________________________________________

Emergency Contact (optional)

____________________________________

Contact’s Phone Number

{NOTE: Each participant should sign a copy of the form – attaching wording to a list is less legally binding}