

**SAMPLE**  
**Visiting Student Agreement**

(Name of student) has applied to attend an educational program at University of Washington facilities, including the [FILL IN DEPT], from approximately (date) to (date).

(Student) acknowledges that physical injury and death arising from use of the laboratories and laboratory equipment, travel to and from field sites and exposure to naturally occurring hazards in the field are some of the risks inherent in this program and in the use of University of Washington facilities. (Student) understands that serious injury, permanent disability and disfigurement could result from his/her participation in the program. (Student) acknowledges that all risks cannot be prevented, and assumes those beyond the control of the University staff. Student represents that s/he is able, with or without reasonable accommodation, of undertaking this activity. (Student) agrees that s/he is not a University of Washington employee, agent or contractor during this project, and is not entitled to liability coverage, medical/accident insurance, payment of medical deductibles, co-payments, non-covered medical expenses, or other benefits from the University of Washington. If (Student) is injured, s/he consents to emergency medical treatment at his/her expense.

\_\_\_\_\_  
Student's Signature  
(If under 18, parent or guardian must sign)

\_\_\_\_\_  
Date