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PART 1: SERVICES/ACTIVITIES

- %" J FH"6b" chg/eHfXTaW4WXff-"Please be aware there are <u>no</u> filters on WSU computers
- &! CE-B"cebZeT f-e.g. road trips
- '! '6TeXXefXei WXf-WSU jobs for minor students
- (! 6T chf'EXVXTgba-e.g. involving use of WSU Fadilities, dubs and sports activities on campus or off campus
-) ! Ha'i Xef'g' ; bhf'aZ-" e.g. being present and participating in activities in or about university housing.

- *! "?\UeTed e.g. exposure to and use of all library materials
- 8. : I` TaW9gaXff 9TV\\dXf-Access to a broad array of facilities
- I \fnT_TaVVCXe\foe \aZ \quad 4egf-Admittance or reduced fee for events
- 10. 4d XXV 8 Xacf-Admittance at NCAA and dub sports
- 11. Oxfg\aZ-Includes assessment and/or placement testing
- All other WSU and student programs and services including but not limited to:

ŸJ\WTeWZ`TaW&TafcbegTgbaFXeiWXf Ÿ'4VgivgxYr` Ÿ'4GTaWgX_XWo`haWTgbafcebZeT`f

CONSENT AND RELEASE

I understand there are risks of injuries or damages to my son/daughter while participating in my son/daughter to participate in these activities and receive the above services and release any and all liability for injuries or damages which may occur to my son/daughter as a result of unless the injuries or damages are caused by the sole negligence or intentional wrongdoing of	Weber State University, its agents, employees, and volunteers from of his/her participation in these activities and use of these services,
Name of Parent/ Legal Guardian	
Signature Parent/Legal Guardian	Today's Date
Please note that parental consent is required for minors to receive counseling/psychologimminent danger to self or others. These services are available only for students paying to	gical services, with the exception of crisis situations involving
CONSENT AND RELEASE I understand there are risks of injuries or damages to my son/daughter while participating in my son/daughter to participate in these activities and receive the above services and release any and all liability for injuries or damages which may occur to my son/daughter as a result of unless the injuries or damages are caused by the sole negligence or intentional wrongdoing of	Weber State University, its agents, employees, and volunteers from of his/her participation in these activities and use of these services,
Name of Parent/Legal Guardian	

PART 3: STUDENT HEALTH CENTER

Please note that parental consent is required for minors to receive medical services except in emergency medical situations and those required by Utah Code Annotated 26-6-18(1) and 78-14-5(4)(f). These services are available only for students paying full tuition and fees

Today's Date

CONSENT AND RELEASE

Signature Parent/Legal Guardian

I understand there are risks of injuries or damages to my son/ daughter while participating in these activities or receiving these services. I hereby give consent for my son/ daughter to participate in these activities and receive the above services and release Weber State University, its agents, employees, and volunteers from any and all liability for injuries or damages which may occur to my son/ daughter as a result of his/ her participation in these activities and use of these services unless the injuries or damages are caused by the sole negligence or intentional wrongdoing of WSU, its employees, agents or volunteers

Name of Parent/Legal Guardian		
Signature Parent/Legal Guardian	Today's Date	