



WEBER STATE UNIVERSITY

I have been informed of the nature of the Activity, listed below, which my minor child wishes to participate in. After becoming aware with the Academy's opinion, I recognize that participation may involve exposure to strenuous physical activity and/or may cause physical and/or emotional distress. I understand that my minor child has been screened for any pre-existing health conditions and/or any other health problems that could prevent her or him from safely participating in the Activity. I consent to the participation of my minor child in the Activity.

In consideration for my minor child being allowed to participate in the activity, I have given permission to the University to use their name, photograph, video, or likeness on the website or in any other publication or on any other social media for or about the activity. On behalf of myself and my minor child, I waive all rights to receive compensation in connection with the design and use of my likeness.

Medical Academy
Weber State University, Ogden Campus

CONSENT

Consent is irrevocably given, in the event of injury, for any emergency aid, anesthesia, and/or operations, it is the option of my child.

: I desire to participate in the Activity described above. I agree to familiarize myself with the Activity and what is required, rules of conduct and safety equipment. I agree to follow proper operating procedures including safety procedures as outlined by the Activity leader, plus any directions given by WSU personnel. I agree to follow the rules of conduct and use the provided safety equipment.

Participant's Name: _____

Participant's Signature: _____ Today's Date: _____

Emergency Contact: _____ Phone: _____