



**Does the participant require reasonable accommodation for a disability in order to access or be a part of the activities?**

**What have we forgotten to ask? Please provide in the space below any additional information about the participant that you think is important or that may affect his or her ability to fully participate in the program. Attach additional information if needed.**

**This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise Life Enrichment Group of a medical condition, risks to your child may increase. I understand the information on this form will be shared on a "need to know" basis with LEG staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.**

I voluntarily sign this authorization in consideration for permission for my child to participate in \_\_\_\_\_ . I have read it, and I understand its content and significance.

\_\_\_\_\_  
Signature of Parent/Guardian  
(For participant less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant  
(For participant 18 years of age or older)

**Parent/Guardians: Keep a copy for your records.**

**Emergency Medical Consent**

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Life Enrichment Group (LEG) authorized agents including event staff; I authorize LEG and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**NOTE: Minors may consent to certain services in Washington.**

**I hold harmless and agree to indemnify Life Enrichment Group, its authorized agents and employees and the event staff from decisions to seek emergency treatment.**

**Health-Care Providers:**

Primary doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Medical Alerts: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Assumption of Risk**

I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract, whose name is set forth on this form). I understand that there are risks in participating in recreational activities and educational workshops during this particular LEG activity.

**Risks in participating in LEG activities, including touring campus laboratories, participating in recreation activities, workshops, and general tourist activities, include but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, eye damage, burns or death. I also recognize that these are both foreseeable and unforeseeable risks of injury or death that LEG cannot specifically anticipate and list here. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.**

**PARENT OR GUARDIANS'S RELEASE OF CLAIMS AND LIABILITY**

I release, the state of Washington and Life Enrichment Group officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off LEG property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with LEG and the program sponsors. I sign it freely and voluntarily.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_

## INFRACTION PENALTIES

Conduct not in keeping with Life Enrichment Group standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Law enforcement may be called and illegal behaviors may result in citations or arrest. Consequences may include removal, at the individuals/family's expense and without refund, from participation in the event; restitution or repayment of damages; sanctions on participation in future LEG events; forfeiture of financial support for this event; removal from positions held in LEG; and/or loss of status as a member in good standing, and the privileges associated with that good member status.

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For Youth

***I have read the Code of Conduct and agree to abide by it.***

Date \_\_\_\_\_ Youth participant signature \_\_\_\_\_

I understand that I am responsible for my child's behavior. I give permission to the staff in charge to administer the code. I understand that if my child is sent home, it will be my responsibility and at my own expense, and that the activity fee will not be returned.

I, \_\_\_\_\_, have read the Code of Conduct.

(Name of Parent/Guardian-please print)

Parent/Guardian signature \_\_\_\_\_