

# MOUNT RAINIER INSTITUTE-UNIVERSITY OF WASHINGTON

## ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR MINORS PARTICIPATING IN MOUNT RAINIER INSTITUTE

This form must be typed or completed in **ink** for all participants attending the Mount Rainier Institute programs. For questions contact the Mount Rainier Institute Director\* 253-692-4161\*jhayes90@uw.edu

**Participant's Name:** \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School (if applicable): \_\_\_\_\_ Teacher or Group Contact's Name: \_\_\_\_\_

**Name of Parent(s)/Guardian (s):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact (if neither parent/guardian is available)

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Relevant Health History** To ensure that your child has the most positive experience possible, please answer the medical questions listed below-Attach additional sheets as necessary

**Allergies:** Insect stings, medications, hay fever, other. Please list severity of allergy and treatment, (i.e. ice, prescription, over-the-counter medications).

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**Medications:** Please list any medications and dosage schedule that will be taken while at Mount Rainier Institute:

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Participant's Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Does your child have any dietary restrictions?** (Allergies, intolerances, diabetes, religious, vegetarian, or other dietary restrictions/requirements).

**NO, I do not have dietary restrictions**

**Yes, I have dietary restrictions**

**IF YOU ANSWERED YES, PLEASE COMPLETE THE DIETARY RESTRICTIONS FORM IN ADDITION TO THIS FORM.**

**Other Health Concerns:** Please include sleepwalking, nighttime use of restroom, diagnosed behavioral or learning disabilities, etc.

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Mount Rainier Institute Students are actively engaged in outdoor activities at the University of Washington's Pack Forest and Mount Rainier National Park. Activities vary from program to program and may include but are not limited to participation in outdoor games of physical in nature; hiking on trails and rough terrain; snowshoeing; stewardship projects (for example plant removal and trail maintenance); research projects; camping in tents; stays in cabins or other lodging facilities; and campfires. The activities involve the use of a variety of educational and science measurement tools. Some programs involve travel in approved buses chartered by the University of Washington. Risks inherent in these activities include bodily injury or illness due to exposure to infectious diseases, including COVID-19; environmental risks and hazards; insect stings and bites; exposure to allergens including food allergens; and unpredictable forces of nature, including rapidly changing weather conditions.

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT**

I acknowledge that there are certain risks inherent in this program, including but not limited to those indicated above. I acknowledge that not all risks can be prevented and I assume those risks beyond the control of the University staff. I represent that my minor child is able, with or without accommodation, to participate in this program, is able to use the equipment and/or supplies described above, and has obtained any required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the activity leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

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Signature of Parent/Guardian (print and sign)

Date

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Print Name

Relationship to Child

Participant's Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

### PRIVACY CONSENT FORM FOR MINORS-UNIVERSITY OF WASHINGTON-MOUNT RAINIER INSTITUTE

The University of Washington ("UW"), an agency of the State of Washington, is home to over 200 programs and events that primarily serve youth ("UW Youth Programs"). As described in the Privacy Notice for UW Youth Programs that you received (available at <https://www.washington.edu/privacy/notices/youth/>), certain uses of personal data require your consent.

#### **Communications about other UW Youth Programs with Parents, Guardians, or Participants who are 18+**

Mount Rainier Institute would like to use your **registration and contact information** (such as name, address, phone number, email address, parent or guardian's relationship to a participant who is under 18 years of age, program in which participant is involved, etc.) to send communications about other UW Youth Programs that may be of interest to you.

You may withdraw your consent at any time by using the unsubscribe link at the bottom of emails, etc. If you withdraw your consent, we will not send any communications in the future. Withdrawn consent cannot apply to past communications.

**Yes, I give my consent**                       **NO, I do not give my consent**

#### **Sharing, Featuring, and/or Publishing Photographs, Audio Recordings, Video Recordings, and/or Content Created in a UW Youth Program**

Mount Rainier Institute would like to use **photographs, video recordings, audio recordings, and/or content created in our program** that identify or can identify the participant. photographs, video recordings, audio recordings, and/or content created in our program will be captured and/or created during the program.

The personal data described above may be

- shared with funders, in requested and optional reporting to demonstrate the impact of the program.
- published in Mount Rainier Institute print materials, to promote MRI education programs. The materials will be public. Once published, personal data contained in the publication may remain public indefinitely.
- featured on the Mount Rainier Institute's website and social media platforms (Facebook, Instagram) to promote the program, recognizing outstanding work, and raising the awareness of outdoor education. The website and social media platforms are public. Once featured, personal data visible on the website and social media platforms may remain public indefinitely.

By checking the box below, you grant permission for the UW to create recordings of the image, likeness, and/or voice of the participant ("Recordings") in connection with the participant's involvement in Mount Rainier Institute. You agree the Recordings may take the form of photographs, films, video and audiotapes, CD-ROMs, DVDs, digital files, and/or any other media now known or later developed. UW may use the Recordings at UW's discretion. You understand that UW's use of the Recordings may include, but not be limited to, the activities described above. You understand that neither you nor the participant will be paid for any uses made of the Recordings pursuant to this grant of permission. You waive the right to inspect or approve of the uses of any printed or electronic copy.

You acknowledge that UW exclusively owns all rights to the Recordings, including but not limited to, any copyright or trademark rights associated with the Recordings. To the extent the Recordings include any content created by the participant as part of the Mount Rainier Institute such as drawings, writings, projects, artwork, and other works or creations ("Content"), you, on behalf of the participant, hereby grant UW a non-exclusive, perpetual, worldwide, royalty-free, and unlimited license to use, reproduce, distribute, display, and perform, any Content. UW is also granted a non-exclusive, perpetual, worldwide, royalty-free, and unlimited license to create derivative works in any media, now known or later developed, from any Content, and any clips or portions thereof. UW shall own such derivative works; however, in any instance where UW is deemed not to own such derivative work, you, on behalf of the participant, hereby grants UW a license to the derivative works on terms identical to its license granted above.

You, on behalf of yourself and the participant, hereby waive all rights and release UW from, and shall neither sue nor bring any proceeding against any such parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of the right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Recordings.

You may withdraw your consent at any time by emailing [jhayes90@uw.edu](mailto:jhayes90@uw.edu). If you withdraw your consent, we will not engage in the activities described above in the future. A withdrawn consent will not apply to past personal data processing.

**Yes, I give my consent**                       **NO, I do not give my consent**

#### **By signing below, I confirm that:**

- I have read and understood the Privacy Notice for UW Youth Programs available at <https://www.washington.edu/privacy/notices/youth/>;
- I understand that I am not required to give my consent; and
- I agree to the processing described above for which I marked "Yes, I give my consent"

Signature of Parent/Guardian (print and sign)

Date

Print Name

Relationship to Child