



## Informed Consent for Minors and their Parent

This is an informed consent form for minors, which identifies risks of participating in a Weber State University ("WSU") activity or program, and a consent form for parents/guardians.

**Parent or Guardian, read and sign this section:** I have been informed of the nature of the Activity, listed below, which my minor child wishes to participate in. I recognize that the Activity may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. I state that my minor child is free from any known heart, respiratory or 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 Activity.

**EVENT NAME** \_\_\_\_\_ **EVENT DATES** \_\_\_\_\_

### CONSENT

Consent is expressively given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Photo Release

I authorize and release WSU the use of my child's image in any photograph or video recording for any purpose of WSU.

**Parent/Guardian Signature:** \_\_\_\_\_

**Participating minor child, read and sign this section:** 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:** \_\_\_\_\_