



WEBER STATE UNIVERSITY

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. After familiarizing myself with the Academy's agenda, I recognize that participation may involve moderate to strenuous physical activity and/or 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 the Activity.

In consideration for my minor child being allowed to participate in the activity, I also grant permission to the University to use his or her photograph, video, or likeness on its website or in any other publication at any time including publicity for or about the activity. On behalf of myself and minor child I waive all rights to receive compensation in connection with the taking and use of my likeness.

Medical Academy

Weber State University, Ogden Campus

CONSENT

Consent is expressly 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:** _____

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:** _____