

Washington State University Leadership-Vision-Partnership Participation Agreement

In consideration for _____ (print name), being allowed to participate in the Washington State University (WSU) Leadership-Vision-Partnership (LVP) Program, I voluntarily agree to the terms and conditions of this Assumption of Risk and Release of Liability, and Photo and Media Materials Release. In addition, I voluntarily agree to the terms and conditions of the attached Medical Treatment Authorization and Medical Information and Release Form.

I agree to assume all risks involved in my Participant engaging in or using the programs, services, equipment, and facilities of WSU. I understand that using these programs, services, equipment and facilities may result in my Participant being exposed to the risk of injuries, damage to personal property, or death. I also understand that there are foreseeable and unforeseeable risks of injury or death that may occur as result of my Participant's engagement in the LVP Camp that cannot be specifically listed here.

I agree that WSU and WSU LVP, may take and use any photographs, video or audio recordings, digital images, or other documentation of my Participant for promotion and advertising purposes of WSU and/or WSU LVP Camp. I understand that I will not receive any monetary enumeration for any use of my Participant's likeness or any recordings described herein.

I agree that, by signing below, I represent that I am the legal parent or guardian of the Participant, and acknowledge that I sign this Agreement and the attached Medical Treatment Authorization and Medical Information Release Form, and agree to these conditions on behalf of my Participant and that I and the Participant shall be bound by the terms of these agreements, WSU and WSU LVP policies, rules and regulations of LVP, and the direction of University staff and officials. Failure to do so can result in dismissal from the program.

I have carefully read this agreement, understand its terms and conditions, am aware that they represent a contract between WSU and myself on behalf of my Participant, and I voluntarily agree to it on behalf of my Participant.

If any part of this Agreement is determined to be invalid or unenforceable, the remaining parts or portions shall be enforced to the fullest extent permitted by law.

This permission is good only while the Participant is attending the LVP Camp, unless revoked by the Participant in writing, and only until the Participant has turned eighteen years of age. It is recommended that parents/legal guardians consult with a physician and/or attorney before signing on behalf of Participant. This document is effective from the date listed below.

I release the State of Washington, the Regents of Washington State University, Washington State University, Washington State University Leadership-Vision-Partnership Program, and the employees, agents, or representatives of Washington State University (hereafter WSU) from any and all liability, claims, costs, expense, injuries or losses including those resulting

from acts of negligence by WSU that I, or my Participant, may otherwise sustain as a result of my Participant's engagement in or using the programs, services, facilities and equipment of WSU. I also release WSU from loss or damage to the person or property of my Participant caused by other participants in LVP Camp.

Signature of Legal Parent or Guardian

Printed Name

Relation to Participant

Date