UW Nurse Camp
Participant Agreement and Waiver

________________________ (Name of participant) has registered to participate in the UW Nurse Camp sponsored by the University of School of Nursing and University of Washington Medical Center, 8:30AM-4:00PM daily, July 15-19, 2019.

The participant acknowledges that physical injury and death are risks inherent in this event, and that s/he assumes such risks.

The participant represents that they are capable, with or without reasonable accommodation, of undertaking this event.

The participant agrees not to claim against the University of Washington for injury, damages, or losses other than those arising from the negligent acts or omissions of the University of Washington, its employees, students and agents acting in the course and scope of the University-imposed duties. If the participant is injured, they consent to emergency medical treatment at their expense. During the course of UW Nurse Camp, should the participant need medical attention, the participant will be brought to the University of Washington Medical Center Emergency Department. Listed parents/guardians will be contacted immediately.

____________________________________  ____________________________
PRINT Participant’s (Camper) Name                  Date

____________________________________  ____________________________
Participant’s (Camper) Signature                  Date

____________________________________
(PRINT Parent or Guardian’s Name, If Under 18)  Sign                  Date

____________________________________
PRINT Emergency Contact during the week of July 15-19, 2019

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Emergency Contact’s Phone Number