

PARTICIPANT AGREEMENT AND WAIVER

UW Nurse Camp / University of Washington School of Nursing
Health Sciences Building, T-301
Seattle, Washington nursing.uw.edu
Phone: 206-543-8736 Fax: 206-685-1613

_____ (name of participant) has registered to participate in the UW Nurse Camp sponsored by the University of Washington School of Nursing and University of Washington Medical Center, 8:30AM-4:00PM daily, July 15-19, 2024. The camp will take place at the University of Washington's School of Nursing, located at 1959 NE Pacific Street, Seattle, WA 98195.

The participant will also be attending UW Nurse Camp at University of Washington Medical Center, Northwest Hospital (located at 1550 N. 115th Street, Seattle, WA 98133) on Thursday, July 17th.

Transportation to and from the University of Washington School of Nursing will be provided via private chartered bus.

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.

Printed student name: _____

Student signature: _____

Date: _____

Printed parent/guardian name: _____

Parent signature: _____

Date: _____

Emergency Contact First and Last name (must be over 18): _____

Emergency contact phone number: _____