

## Privacy and UW Youth Programs

### Privacy Consent Form for UW Nurse Camp

The University of Washington ("UW"), an agency of the State of Washington, is home to over 200 programs and events that primarily serve youth ("UW Youth Programs"). As described in the Privacy Notice for UW Youth Programs that you received (available at <https://www.washington.edu/privacy/notices/youth/>), certain uses of personal data require your consent.

#### *Communications about other UW Youth Programs with Parents, Guardians, or Participants who are 18+*

UW NURSE CAMP ("we") would like to use your **registration and contact information** (such as name, address, phone number, email address, parent or guardian's relationship to a participant who is under 18 years of age, program in which participant is involved, etc.) to send communications about other UW Youth Programs that may be of interest to you.

You may withdraw your consent at any time by providing a request in writing to [uwnursecamp@uw.edu](mailto:uwnursecamp@uw.edu). If you withdraw your consent, we will not send any communications in the future. A withdrawn consent cannot apply to past communications.

☐ Yes, I give my consent.

#### *Recruiting*

UW Nurse Camp ("we") would like to share

- **registration and contact information** (such as name, address, email address, phone number, mailing address, UW Youth Program with which the participant is involved, participant's grade level)
- **background information** (such as school, school district, athletic history, athletic achievements, relevant coursework, personal statements, enrollment in past programs, references from a participant's teachers or coaches)

with relevant UW units or departments for recruiting (including to contact parents, guardians, and/or the participant).

You may withdraw your consent at any time by submitting your request in writing to [uwnursecamp@uw.edu](mailto:uwnursecamp@uw.edu). If you withdraw your consent, we will not share any information in the future. A withdrawn consent will not apply to past personal data sharing.

☐ Yes, I give my consent.

#### *Sharing Demographic Information in Optional External Reporting (such as to Funding Partners)*

UW Nurse Camp ("we") would like to share **demographic information** (such as birthdate or age, age range, race, ethnicity, gender identity, school, school district, etc.) with the School of Nursing staff and relevant units or departments for recruitment and/or requested and optional reporting. We will use the demographic information for statistical reporting purposes.

You may withdraw your consent at any time by submitting a request in writing to [uwnursecamp@uw.edu](mailto:uwnursecamp@uw.edu). If you withdraw your consent, we will not share any demographic information in the future. A withdrawn consent will not apply to past personal data sharing.

☐ Yes, I give my consent.

***Sharing, Featuring, and/or Publishing Photographs, Audio Recordings, Video Recordings, and/or Content Created in a UW Youth Program***

UW Nurse Camp (“we”) would like to use **photographs, video recordings, audio recordings, and/or content created in our program** that identify or can identify the participant. Photographs, video recordings, audio recordings, and/or content will be captured and/or created during UW Nurse Camp which will take place between Monday, July 14 – Friday July 18, 2025.

The personal data described above may be

- Shared with relevant UW units or departments (including to contact parents, guardians, and/or the participant) in requested and optional reporting so for recruiting purposes.
- Shared with participants of the UW Nurse Camp in case a day is missed or technical trouble do not allow a student to access the content

By checking the box below, you grant permission for the UW to create recordings of the image, likeness, and/or voice of the participant (“Recordings”) in connection with the participant’s involvement in UW Nurse Camp. You agree the Recordings may take the form of photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files, and/or any other media now known or later developed. UW may use the Recordings at UW’s discretion. You understand that UW’s use of the Recordings may include, but not be limited to, the activities listed above.

You understand that neither you nor the participant will be paid for any uses made of the Recordings pursuant to this grant of permission. You waive the right to inspect or approve of the uses of any printed or electronic copy.

You acknowledge that UW exclusively owns all rights to the Recordings, including but not limited to, any copyright or trademark rights associated with the Recordings. To the extent the Recordings include any content created by the participant as part of UW Nurse Camp such as drawings, writings, projects, artwork, and other works or creations (“Content”), you, on behalf of participant, hereby grant UW a non-exclusive, perpetual, worldwide, royalty-free, and unlimited license to use, reproduce, distribute, display, and perform, any Content. UW is also granted a non-exclusive, perpetual, worldwide, royalty-free, and unlimited license to create derivative works in any media, now known or later developed, from any Content, and any clips or portions thereof. UW shall own such derivative works; however, in any instance where UW is deemed not to own such derivative work, you, on behalf of the participant, hereby grants UW a license to the derivative works on terms identical to its license granted above.

You, on behalf of yourself and the participant, hereby waive all rights and release UW from, and shall neither sue nor bring any proceeding against any such parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Recordings.

You may withdraw your consent at any time by submitting a request in writing to [uwnursecamp@uw.edu](mailto:uwnursecamp@uw.edu). If you withdraw your consent, we will not engage in the activity above in the future. A withdrawn consent will not apply to past personal data processing.

☐ Yes, I give my consent.

**PLEASE CONTINUE TO COMPLETE AND SIGN THE FOLLOWING PAGE.**

## Privacy Consent Form for UW Nurse Camp

By signing below, I confirm that:

- I have read and understood the Privacy Notice for UW Youth Programs available at <https://www.washington.edu/privacy/notices/youth/>;
- I understand that I am not required to give my consent; and
- I agree to the processing described above for which I marked “Yes, I give my consent”.

Participant’s name: \_\_\_\_\_

Parent or guardian’s name (if participant is not yet 18): \_\_\_\_\_

Signature of parent, guardian, or participant (if 18 or older): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please return this completed form to UW Nurse Camp*