

## SONIA KOVALEVSKY DAY CONSENT FORM

This form must be completed prior to participation in the Sonia Kovalevsky Day ("Event"). Please complete all fields, writing "N/A" if not applicable. Failure to complete this form in its entirety may result in the person being ineligible to participate in the Event.

### PARTICIPANT INFORMATION

Name:
Grade:
Parent/Guardian Name:
Relationship to Participant:
Phone:
Emergency Contact (must be different than Parent/Guardian):
Emergency Contact Phone:
Group/Program Name (if attending with a group):
Group Contact Person & Phone:

**PHOTOGRAPHY RELEASE:** I understand that I may be photographed or recorded during my participation in Sonia Kovalevsky Day and that the photos, videos, and/or audio recordings may be used for marketing and promotional purposes and/or other digital media. I consent to the use of the Participant's name, likeness, and voice, and waive any right to inspect or approve any images or recordings which may be used in connection with my participation in the Event. I understand that I will not be compensated for any such use.

**MEDICAL TREATMENT AUTHORIZATION & WAIVER OF LIABILITY:** I have been informed about and understand the nature of the event. I acknowledge and accept that there are certain risks, known and unknown, associated with participation in the event. Understanding that these risks cannot be eliminated, I knowingly and voluntarily assume the risk of these inherent dangers in consideration of WSU's permission for the Participant to take part in the event. In consideration of the opportunity afforded to me to participate in the Program and with full knowledge and acceptance of the risks associated with the Program, I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release, waive, covenant not to sue, and hold harmless WSU and its employees, affiliates, and agents, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses (including, but not limited to attorney's fees) that I may have or that may hereafter accrue to me arising out of or related to my participation in the Program. I do not have any medical condition or other physical impairment which may inhibit my participation in the Event. I understand Participants will be supervised and that, if serious illness or injury develops, emergency medical and/or hospital care will be given. Every effort will be made to contact a Parent / Guardian and/or Emergency Contact immediately. I authorize and give consent for the Participant to receive emergency medical attention including, but not limited to, injection, anesthesia, transport by ambulance, surgery, hospitalization, or other proper treatment, as deemed necessary by WSU. WSU is committed to providing reasonable accommodations to individuals who have a qualifying disability in order to ensure they have equal access to the University's programs, activities, and facilities. I understand it is my responsibility to contact WSU staff regarding requests for reasonable accommodations related to a qualifying disability.

---

Signature of Participant

---

Printed Name of Participant

---

Parent / Guardian Signature

---

Printed Name of Parent / Guardian

---

Date

---

Date