CCFW Youth Program
AGREEMENT AND RELEASE FROM LIABILITY
(To be completed by parents or guardians of minor participants)

My child, [First Name, Last Name] is voluntarily participating in the following UW Center for Child & Family Well-Being (CCFW) program: [Course Name], facilitated by [Facilitator(s)]. This program runs daily, July 11 - July 15, 2022 from 9:30 AM to 3:30 PM, at Kincaid Hall and surrounding grounds at the University of Washington.

ASSUMPTION OF RISK: My child and I are aware that participating involves activities such as discussion, breathing and relaxation exercises, gentle physical movement, and meditation led by trained volunteers and/or teachers. The program will take place in indoor and outdoor settings which are accessible to the public. We acknowledge the risks associated with this, including but not limited to exposure to infectious diseases and possible exposure or interactions with individuals unrelated to the program.

My child and I understand that my child may feel mentally and/or physically uncomfortable during parts of the course. We understand some movement exercises, which are part of the course, may lead to injury. It is my child’s responsibility to do all exercises in an aware and gentle manner so as to minimize the chance of injury.

We understand there may be other risks associated with the course not known or not reasonably foreseeable at this time.

I understand the course is offered as an educational experience, and is in no way the practice of medicine or a substitute for medical attention, examination, diagnosis or treatment. I also understand that this course is not a mental health treatment or a substitute for diagnosis or treatment for a mental health or substance use problem such as depression, anxiety, or addiction. I understand that nothing that goes on in the course is designed to treat any specific condition.

I confirm that my minor child is able, with or without accommodation, to participate in this program. Initials _______

Should my minor child require emergency medical treatment as a result of an accident or illness arising during these activities, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will
notify the activity leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

My child will check for COVID-like symptoms prior to participating in the program each day, and they will not participate if any symptoms are present. In the event my child develops COVID-like symptoms during the program, my child will notify program staff immediately to contact me to arrange for pickup. If I do not answer after two attempts, I agree to allow my child to arrange their own transportation. **Initials _____**

I understand CCFW’s supervision of my youth begins at 9:30 AM and ends at the conclusion of the program at 3:30 PM each day. I agree to transporting my child to/from course or otherwise agree to allow my child to arrange and execute their own transportation to and from Kincaid Hall. **Initials _____**

My child has permission to leave and arrange transportation to/from this program on their own.

YES ☐ NO ☐

**Signature: ___________________________ Date: ___________________________**

**RELEASE:** I and my child agree that I, my child, and [his / her / their] legal representatives will not make a claim against, sue, or attach the property of the University of Washington, UW Center for Child & Family Well-Being, any of its directors, teachers or volunteers, for injury or damage resulting from my child’s participation in this workshop. I and my child release CCFW and its directors, teachers, and volunteers from all actions, claims, or demands that I, my child, and [his / her /their] legal representatives now have or may hereafter have for injury or damage resulting from my child's participation.

* I acknowledge that I have read this entire document, that I understand its terms and provisions, that it is a binding agreement, that by signing it I am giving up substantial legal rights I might otherwise have, and that I am signing it knowingly and voluntarily. I agree for myself, my heirs, administrators, personal representatives, and assigns, to hold harmless the University of Washington, UW Center for Child & Family Well-Being, its faculty and staff, the course facilitator, and any and all of her or his associates, employees, volunteers, agents, successors, or assigns (the “Released Parties”), from any and all liabilities, losses, costs, claims, demands or causes of action, past, present and future, known or unknown, relating to any actions in the course or any harm, physical or mental, that results from my participation in the course, and agree to indemnify the Released Parties for all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.
The University of Washington is committed to providing access and accommodation in its services, programs, and activities. To make a request connected to a disability or health condition contact Aliza Pilisuk at CCFW, apilisuk@uw.edu by Jun 20, 2022