



Acknowledgment of Risk and Consent for Treatment for Non-Volunteer Event Participants

Section 1	
WSDA Program:	
Event Leader:	Telephone:
Event Location:	
Event Dates:	
Physical activities to be undertaken may include but are not limited to: walking/hiking over uneven terrain, standing for extended periods of time, squatting/kneeling, swinging a net, chemical exposure, handling live and dead stinging insects, sitting for extended periods of time, using a microscope, pinning and labeling insects, and driving or riding in vehicles.	

Section 2	
<p>I acknowledge that there are certain risks inherent in Washington State Department of Agriculture events. I assume those risks associated with me or my minor child(ren)'s participation in this activity including but not limited to: dangers from overexertion, improper warm-up, the participant's physical limitations, actions of other participants, weather conditions, wildlife, diseases or illness, vegetation, stinging insects, the participant's own partial or sole negligence, and the risk of non-serious and serious bodily injury or death. I represent that I am able, with or without accommodation, to participate in this event. I also agree to assume all the risks of personal trips or activities undertaken at my own initiative during travel to and from or during the course of the event.</p> <p>Should I or my minor child or require emergency medical treatment as a result of accident or illness arising during the event, I consent to such treatment. I acknowledge that the Washington State Department of Agriculture does not provide health and accident insurance for event participants, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the event leader in writing if I/we have medical conditions about which emergency medical personnel should be informed.</p> <p>I acknowledge that I am solely responsible for the behavior, health, safety, and welfare of myself and my minor child(ren) at the event and that I/we may be required to leave if my/our behavior becomes disruptive or puts others at risk.</p> <p>I acknowledge that I will contribute to a respectful environment that is free from discrimination and harassment.</p>	
Print Full Name:	Emergency Telephone:
Names of Children:	
<div>_____</div> <div>Participant Signature</div> <div>_____</div> <div>Date</div>	