



UTAH WATER RESEARCH LABORATORY
College of Engineering
8200 Old Main Hill
Logan UT 84322-8200

Parental Consent & Assumption of Risk and Liability Waiver

I, _____ do voluntarily request and give consent for my child (child's name) _____ to participate in the activity of: _____
_____ on
(date) _____ to be conducted at _____
_____ (location, address)

In consideration of my child being allowed to participate in this activity, I fully and voluntarily accept all risks that may arise from direct or indirect involvement with this activity, and hereby agree to relieve Utah State University, its officer, agents, and employees (releasees) from any liability, except that for which they are solely negligent, and hold them (releasees) harmless from any injury, death, or property damage that may result from my child's participation in this activity.

I further understand and agree that my child's participation may be discontinued if, at the sole discretion of the Activity Supervisor, my child's behavior is considered hazardous or disruptive to the other participants.

I represent that my child is in good health and in a physical condition capable of participating in such activity.

In the event of a medical emergency, I hereby consent and give permission for my child to receive medical care at a nearby hospital and/or by other medical personnel as necessary.

Medical information and other concerns that should be known about my child are:

Critical allergies (identify): _____

Other (identify): _____

Names and telephone numbers of persons to contact in case of emergency:

Name: _____ day phone _____ night phone _____

Name: _____ day phone _____ night phone _____

Parent's Name (print & signature) _____