

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT**

This form is intended for current UW students and employees who will participate in a Department of Dance activity or event that may include unique or specific risks. The Department of Dance reserves the right to require this form from all participants prior to any course, performance, or other activity.

**Participant** (print name): \_\_\_\_\_

I am 18 years or older and able to consent to the following.

**Activity:** \_\_\_\_\_  
(course number / event title)

**Date(s)/Time(s):** \_\_\_\_\_

**Activity Leader:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Brief description of the unique risks inherent to this activity and context/circumstances**

**Agreement & Waiver**

I acknowledge that, in addition to the unique risks discussed above, physical activity such as dance includes risk of accidents such as trip-and-fall, bodily collision, falling from an elevated

position, etc. which could result in injury such as bruising/swelling, sprains, strains, broken bones, concussions, and associated complications (including death). I understand that other risks include potential illness from exposure to communicable disease (including COVID-19). I acknowledge that all risks cannot be prevented, and I accept those risks to be beyond the control of the University. I therefore assume all risks that may arise during this activity.

I agree to observe all rules and guidelines regarding appropriate use of facilities and equipment. I also agree to follow all safety instructions from class instructors, event organizers, and/or University of Washington personnel.

I will not make any claim against the University of Washington for injury, damages, or losses other than those arising from demonstrably negligent acts or omissions of the University of Washington or its employees acting in the course and scope of the University-imposed duties.

### **Consent to Treatment**

Should I require emergency medical treatment due to an accident or illness during this activity, I consent to treatment at my own expense.

*(Check only if applicable)*

- I have attached an additional sheet(s) with clear information regarding medical conditions about which emergency medical personnel should be informed.

### **Ability & Accommodation**

I represent that I am able, with or without accommodation, to participate this activity.

To request disability accommodations for this activity,

- Student must contact Disability Resources for Student (DRS):  
<https://depts.washington.edu/uwdrs/>
- Employees must contact the Disability Services Office (DSO):  
<https://hr.uw.edu/dso/>

**I have read, understood, and voluntarily agree to all the items above.**

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Participant Signature

Date