



WEBER STATE UNIVERSITY

INFORMED CONSENT AGREEMENT

The purpose of this Informed Consent Agreement is to inform you that your son/daughter is eligible to receive services at Weber State University, hereinafter WSU. Your signature will authorize and allow your son/daughter to receive these services. You may choose to sign any of the following parts, all of them, or none of them.

Please return this "Informed Consent Agreement" to either of the following offices:
WSU Admissions Office, 1137 University Circle, Ogden, Utah 84408 • Fax 801-626-6747
or WSU Enrollment Services, 2750 North University Park Blvd. MC 122 • Fax 801-395-3538

Student's Full Name _____
LAST FIRST MIDDLE

Date of Birth _____ W# _____
Your eight-digit W# is listed on your acceptance letter. If you are not sure, please call 801-626-6743.

PART 1: SERVICES/ACTIVITIES

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| 1. WSU Union Building Activities: includes student leadership and involvement and participation in activities in or about the union building. | 7. Library: e.g. exposure to and use of all library materials |
| 2. WSU Computer Use and Access: Please be aware there are <u>no</u> filters on WSU computers. | 8. Gym and Fitness Facilities: Access to a broad array of facilities |
| 3. TRIO programs: e.g. road trips | 9. Visual and Performing Arts: Admittance or reduced fee for events |
| 4. Career services: WSU jobs for minor students | 10. Athletic Events: Admittance at NCAA and club sports |
| 5. Campus Recreation: e.g. involving use of WSU Facilities, clubs and sports activities on campus or off campus. | 11. Testing: Includes assessment and/or placement testing |
| 6. University Housing: e.g. being present and participating in activities in or about university housing. | 12. All other WSU and student programs and services including but not limited to: |
| | • Wildcard ID • Parking and Transportation Services |
| | • Activities • IT and telecommunications programs |

CONSENT AND RELEASE

I understand there are risks of injuries or damages to my son/daughter while participating in these activities or receiving these services. I hereby give consent for my son/daughter to participate in these activities and receive the above services and release Weber State University, its agents, employees, and volunteers from any and all liability for injuries or damages which may occur to my son/daughter as a result of his/her participation in these activities and use of these services, unless the injuries or damages are caused by the sole negligence or intentional wrongdoing of WSU, its employees, agents or volunteers.

Name of Parent/Legal Guardian

Signature Parent/Legal Guardian

Today's Date

PART 2: COUNSELING AND PSYCHOLOGICAL SERVICES CENTER

Please note that parental consent is required for minors to receive counseling/psychological services, with the exception of crisis situations involving imminent danger to self or others. These services are available only for students paying full tuition and fees.

CONSENT AND RELEASE

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Name of Parent/Legal Guardian

Signature Parent/Legal Guardian

Today's Date

PART 3: STUDENT HEALTH CENTER

Please note that parental consent is required for minors to receive medical services except in emergency medical situations and those required by Utah Code Annotated 26-6-18(1) and 78-14-5(4)(f). These services are available only for students paying full tuition and fees.

CONSENT AND RELEASE

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Name of Parent/Legal Guardian

Signature Parent/Legal Guardian

Today's Date