



S.H.A.P.I.N.G CONFERENCE CONSENT FORM PACKET

Shaping High School Asian Pacific Islanders for the Next Generation

Washington State University,
Pullman, Washington
October 11th-13th, 2024

Hosted by:



ASIAN PACIFIC AMERICAN
STUDENT COALITION

ASWSU Committee

Participant Consent Form

**2024 S.H.A.P.I.N.G Conference
WSU Pullman Campus**

October 11th – 13th

We want to thank you for your interest in Washington State University and the 2024 S.H.A.P.I.N.G Conference. We ask that both the prospective participant and the parents or guardians of the participant read and sign this agreement in the appropriate spaces.

Students with Disabilities: Reasonable accommodations are available for students with a disability. If you have a disability and may need accommodations to fully participate in this conference, please contact Josue Zuniga at 509-335-8442 or Josue.Zunig@wsu.edu.

Participant’s Responsibilities

I want to participate in the 2024 S.H.A.P.I.N.G Conference. By signing this document, I understand and agree to the following:

- I understand the care and security of my personal belongings is my responsibility.
- I understand I will not use alcohol, tobacco, or illegal drugs while participating in this conference.
- I understand if I choose not to follow activity rules or regulations, I can be removed from participating in the 2024 S.H.A.P.I.N.G Conference at my parent/guardian’s expense.
- I understand that I will make decisions about my own safety and what activities I choose to participate in and will be responsible for the consequences of those decisions.
- I understand that participation in the conference may include travel over state lines.
- I understand that participation in the conference grants WSU permission to use any and all pictures, videos, etc. taken during the conference.
- By signature below, I affirm that I have read the above indicating what is expected of me as a voluntary participant in the 2024 S.H.A.P.I.N.G Conference.

Participant’s Name (Print)

Date

Participant’s Signature

Date

Parent/Guardian Name (Print)

Date

Parent/Guardian’s Signature

Date

A Warning to Participants and Their Parents or Guardians

I understand that supervision of Washington State University staff may not be provided at all times and by participating in and traveling to and from the conference, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and /or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in or traveling to and from the conference that cannot be specifically listed. Further, I recognize that the actions of other participants in the conference may cause harm or loss to my person or property.

This warning does not list everything. You must learn about the potential risks and ask questions so you or your parents or guardians will make the appropriate, informed decision for you. If you decide to participate in S.H.A.P.I.N.G activities, you must take responsibility for learning as much as possible about these activities and how to stay safe. You must inform the Activity Organizers or their agents of any personal relevant medical conditions, and obtain the permission of any relevant personal advisors, including your physician or counselor/therapist, before you choose to participate in the 2024 S.H.A.P.I.N.G Conference. Therefore, should you choose to participate, you are required to take a very active role in your safety. You are instructed not to participate in anything you do not regard as safe.

Parent's Assumption of Risk and Release of Liability

- I agree that as consideration for allowing my child to participate in the S.H.A.P.I.N.G Conference, I will not hold Washington State University or any part of Washington State University or the State of Washington, or any of its officers, employees and agents responsible for what happens to my child at the S.H.A.P.I.N.G Conference, including acts of negligence by the officers, employees or agents of Washington State University and the state of Washington. I accept full responsibility for any injuries that may occur as a result of my child's participation in the S.H.A.P.I.N.G Conference.
- I understand that my child's participation may include travel over state lines.
- I agree that any costs incurred for any medical care for my child will be my responsibility.
- I agree that any costs incurred for any DAMAGES to hotel rooms and property, WSU property, and charter bus property will be my responsibility.
- I have had a chance to ask questions and seek advice before signing this document.
- I have informed Activity Organizers of any relevant physical/mental conditions that my child has.
- If my child is removed from participation in the activity for any reason, I will be responsible for my child's transportation back to my care.
- If any part or portion of this document is determined to be invalid, the remaining parts or portions will be considered valid and enforceable.
- By my signature below, I indicate I am the legal parent or guardian of the named child and have read this document and understand it. I have considered it carefully, and agree to its terms.

Participant's Name (Please Print)

Parent/Guardian's Signature

Date

Witness' Signature

Date

For further information or to ask questions regarding the terms of this agreement, prior to signing and submitting it, contact Josue Zuniga at 509-335-8442 or Josue.Zunig@wsu.edu.

Release of Liability

I release the State of Washington, the Regents of WSU, Washington State University, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, that I may sustain as a result of my participation in the 2024 S.H.A.P.I.N.G conference. My participation includes, but is not limited to, travel to and from the event in a private or public vehicles, and any activity connected with the event itself, and while using state equipment or facilities for the event whether on or off WSU property.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and being apprised of the risks inherent in the activity, assume the risk of participation and release WSU from liability as set forth herein. I am aware that this document is a contract with WSU. I, or my parents/legal guardians if I am under the age of eighteen, sign it freely and voluntarily.

Participant’s Signature

Date

Participant’s Printed Name

Witness’ Signature

Date

Witness’ Printed Name

Parent/Legal Guardian’s Signature (required if participant is under age 18)

Date

Parent/Legal Guardian’s Printed Name

S.H.A.P.I.N.G CONFERENCE – LEADERSHIP AGREEMENT

The S.H.A.P.I.N.G Conference at Washington State University promotes student involvement and leadership development for current students at Washington State University by empowering high school students through multicultural leadership and awareness, while developing a network for students achieving higher education.

Our commitment to you is that after attending the S.H.A.P.I.N.G conference, you will:

- Experience what it feels like to be a college student.
- Network with current college students.
- Gain new knowledge that will assist in leadership.
- Learn what steps you need to take to go to college.

For you to get the most out of the S.H.A.P.I.N.G Conference, you will need to make a commitment as well. All participants and staff are expected to make this commitment. The S.H.A.P.I.N.G Conference will not allow behavior that is contradictory to this commitment and the policies of the University and State to impede or distract from the experience of participants.

In attending the Conference, participants are expected to:

- Attend and participate in each session of the Conference, understanding that participation can mean listening, sharing viewpoints, fully participating in the experiential activities or supporting those who do.
- Refrain from using alcohol or other drugs while at the conference.
- Take responsibility for their learning.
- Agree to ask questions if they don't understand, participate even if they have done an activity before, and challenge themselves to step out of their "comfort zone."
- Respect individual differences and the dignity of all people.
- Keep an open mind and strive to learn a new perspective on the world.
- Not leave the Conference property without permission from a University Official.
- Respect the conference property and treat it accordingly.
- Engage others in the lifelong learning process after the conclusion of the Conference.

I understand by signing this agreement, I adhere to its expectations and the laws and policies set forth by the State of Washington and Washington State University. Failure to uphold this agreement, laws, and policies will lead to immediate dismissal from the S.H.A.P.I.N.G Conference and I will be responsible for the financial requirements to return home.

Participant's Signature

Date

Parent/Guardian's Signature

Date

ADDITIONAL INFORMATION

Participant Name: _____

Age at time of conference: _____

Do you have any food allergies or accommodations? If so, please list.

Do you have any physical limitations or medical needs/accommodations? If so, please list.

Do you have a preference in roommates? Yes ___ No ___
(All participants will be sharing a room with other participants. 2 to a room, 1 to a bed)

Please list names for roommate consideration:

1. _____

Are you interested in participating in the talent show? Yes _____ No _____

Consent Form Packet Checklist

- ✓ Participant Consent Form (pg. 2 & 3)
- ✓ Parent's Assumption of Risk and Release of Liability Form (pg. 4)
- ✓ Release of Liability Form (pg. 5)
- ✓ S.H.A.P.I.N.G Conference Leadership Agreement Form (pg. 6)
- ✓ Additional Information Page (pg. 7)

Please send this packet to:

S.H.A.P.I.N.G CONFERENCE

c/o ASWSU

PO Box 647204

Pullman, WA 99164-7204

Or scan forms and email to:

SLSHAPING@WSU.EDU

CC: Josue.Zuniga@wsu.edu

****You cannot board the bus without these forms signed and received by us.****