

Tobacco Prevention Program

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www.kingcounty.gov/health



INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND SEATTLE – KING COUNTY DEPARTMENT OF PUBLIC HEALTH TOBACCO PREVENTION PROGRAM

As a teen participant, I agree to comply with all of the procedures for conducting tobacco compliance checks as explained to me by Health Department staff.

Teen Name (First, Middle, Last) Age Date of Birth Social Security Number

Teen Signature Date Signed

Teen’s E-Mail Address Teen’s Cell Phone

I, (print name) _____, parent or legal guardian of the above-mentioned individual, do hereby consent for him/her to participate in the Tobacco Prevention Program’s compliance checks, a Seattle – King County Department of Public Health activity. As part of the compliance checks, I agree to allow my child to be a passenger in a Public Health vehicle transported by Health Department staff. I recognize my child will be exposed, not only to the routine risks of vehicular travel, but as well to hazardous activity arising out of the rendition of emergency services, which could cause property damage, personal injury and/or bodily injury including death. For and in consideration of permission for my child to be a passenger in a Public Health vehicle, and the County relying materially thereon in granting such permission, I agree to release, forever discharge and hold harmless the County, its officers, officials, employees, and agents from any liability or claim of liability which might arise out of my presence in a Public Health vehicle and/or associated Public Health activity including without limitation any injury that might occur to my child or may result from my child’s dissemination of information which might be obtained or made known to me during this activity. I further agree to defend the County, its officers, officials, employees and agents at no cost to the County, against any claim of liability and/or cause of action asserted against them arising out of my child’s presence in a Public Health vehicle and/or associated Public Health activity.

Merchants selling tobacco products to your minor child will be issued a violation. There is a small chance the merchant may contest the violation. In these instances, your child may be subpoenaed to attend an administrative hearing. If you have any questions, please contact Scott Neal, Compliance and Community Outreach Manager at (206) 296-7613.

Signed _____ Dated _____

Approved by Division Manager _____ Dated _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the parent/legal guardian of the above named minor child, I (print name) _____ authorize qualified emergency medical personnel, including a physician and staff, to the above named minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. In the case of a minor child, every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed _____ Dated _____

Address _____ Phone _____

Note: If Passenger is a minor, the following portion must be completed.

PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY

As parent/legal guardian, I, (Print Name) _____ hereby grant my permission for the above named minor child to participate in the above referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above, I agree, release and forever discharge King County and to assume the liability and obligations referenced above.

Signed _____ Date _____