



Language Institute  
UNIVERSITY OF WISCONSIN-MADISON

---

University of Wisconsin-Madison  
2019 STARTALK Korean Language & Culture Academy  
한국어 & 한국문화 아카데미

Participant Information and Consent Form

Participant Name \_\_\_\_\_  
Last First Middle Initial

Home phone number: \_\_\_\_\_ Participant email: \_\_\_\_\_

Participant cell phone number: \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
Street City State Zip Code

Transportation:

Would you like a Madison Metro bus pass (free of charge)? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to purchase a parking pass on campus? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_  
*For those participants who prefer to drive to campus, we will be able to offer a parking permit at a discounted rate of \$100 for the entire 4-week program (Standard UW parking is \$12/day). Checks should be payable to the Language Institute. Payment must be received by **Monday, May 20<sup>th</sup>** and can be sent to the UW-Madison Language institute at 1322 Van Hise Hall, 1220 Linden Drive, Madison WI 53706.*

Do you require any special accommodations to take part in the program? Yes \_\_\_\_\_ No \_\_\_\_\_  
*if "yes," please provide details:*

**Parent Guardian Contact Information (required for participants under age 18)**

Parent or Guardian 1

Parent or Guardian 2

\_\_\_\_\_  
Last name      First name

\_\_\_\_\_  
Last name      First name

**Phone numbers:**

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency contact (for participants over 18, please indicate a person to be contacted in the event of an emergency; for those under 18, please include a contact person in the event parents cannot be reached)**

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Phone 1

\_\_\_\_\_  
Phone 2

\_\_\_\_\_  
Relationship to participant

**Participant Agreement**

I agree to participate fully and to the best of my abilities in the Korean Language & Culture Academy. I agree to attend every day of the program except for unforeseen circumstances such as illness or family emergency.

---

Student Signature

Date

**Parent/Guardian Agreement (for participants under 18)**

I agree to my son/daughter participating in the Korean Language & Culture Academy (9:00am-2:00pm, M-F, June 17-July 19 (excluding the week of July 1)

---

Parent/Guardian Signature

Date

**Liability Waiver**

In consideration of my/my child’s participation in the program, I hereby release the University of Wisconsin System, Board of Regents, its officers, agents, and employees from any and all liability arising out of any injury or illness I/my child incurs while participating in program activities. I understand that participation is voluntary and I choose freely to participate/have my child participate.

**Health Insurance** - Participants should have their own health insurance to cover medical treatment that may be required while attending the program. Limited accident insurance is provided by the University; illnesses are not covered by this policy.

By signing below, the parent/guardian understands and acknowledges that the program provides limited accident insurance, which is primary up to \$10,000. The parent/guardian also understands that all bills for medical treatment that the child receives at the program, including prescriptions, are ultimately his/her responsibility.

**Health Care** – The program has staff to dispense medications brought by participants and provide First Aid. Participants in need of further medical care will be transported to local medical facilities. Every effort will be made to protect the health and safety of our participants. It is important that participants come physically prepared to take full advantage of their program experience.

By signing below, the participant/parent/guardian understands and acknowledges that the confidential Consent for Medical Administration and Medical Treatment Form and Health History Questionnaire must be completed, signed and returned to the STARTALK Korean Language & Culture Academy (through its administrative home in the Language Institute) **prior** to participation in the program activities.

I understand that all bills for medical treatment that I/my child receive(s) at the program, including prescriptions, are ultimately my responsibility.

---

Participant (if over 18) or Parent/Guardian Signature (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Photographs and Videos**

By participating in this program I understand the University of Wisconsin-Madison may take photographs and or videos of program participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future programs. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

Participant (if over 18) or Parent/Guardian Signature (if participant is under 18)

Date