

**Tobacco Prevention Program**  
401 Fifth Avenue, Suite 1110  
Seattle WA 98104-1818  
**206-296-7613** Fax 206-296-0177  
TTY Relay: 711  
www.kingcounty.gov/health/tobacco



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

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

\_\_\_\_\_  
Youth's Name (First, Middle, Last)      Age      Date of Birth      Social Security # (*Optional*)

\_\_\_\_\_  
Youth's E-Mail Address      Youth's Cell Phone

\_\_\_\_\_  
Youth's Signature      Today's Date

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, Tobacco Prevention Program Manager at (206) 263-8203**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

**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.

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile/Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**PARENT/LEGAL GUARDIAN PERMISSION  
AND ASSUMPTION OF LIABILITY**

As the 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT TO PARTICIPATE IN MARKETING/EDUCATION PHOTOGRAPH**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_,

do hereby authorize and consent to Public Health – Seattle & King County, its agents and employees, to take photographs and/or video pictures of me or my child, and to reproduce, publish, circulate, or otherwise use said photograph(s)/video(s) in such manner as it may deem advisable, including the right to use such picture(s) to publicize the activities of Public Health – Seattle & King County and/or affiliated agencies or groups.

I understand that I will receive no additional payment from the Health Department for this activity. My decision to enter into this agreement is completely voluntary and is not contingent upon receiving or obtaining any services from Public Health – Seattle & King County.

The foregoing consent shall remain in effect until written notice withdrawing such consent is actually received by Public Health – Seattle & King County.

Today's Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_