

# UW LAW ACADEMY 2018

*Justice...Equity...Diversity...Inclusion ~ Using Our Minds to Change the World*

What: **UW LAW ACADEMY: Discovering Law & Making A Difference**  
The UW Law Academy invites high school students from diverse backgrounds to the UW School of Law to participate in workshops aimed at connecting students with attorneys/judges/law students, overviewing the pathway from high school to law school, and introducing them to what it is like to be a lawyer/advocate.

When: **Friday, March 9, 2018**  
Program begins Friday morning at 10 a.m. (check in begins at 9:45 am)  
Depart Friday afternoon by approximately 3:00 p.m.

Where: **University of Washington-School of Law**  
4293 Memorial Way, Seattle, WA

Why: **We hope students will be inspired to pursue a legal education!**

What is it going to cost?  
Attendance/registration, including food, conference materials and fun are **free** of charge! Students will need to provide their own transportation for the event. Students should also secure advance approval from the school & parent/guardian to attend.

Are you still interested?  
Yeah! Be sure to read the information in this packet, **sign and return your completed application form ASAP but no later than Friday, February 16. Please scan & e-mail your application to [ecc93@uw.edu](mailto:ecc93@uw.edu) or mail it Lisa Castilleja, UW School of Law Box 353020, Seattle, WA 98195.**

Questions? Contact: [ecc93@uw.edu](mailto:ecc93@uw.edu) **I look forward to seeing you on March 9!**

**Lisa Castilleja**, Assistant Director for Inclusion Initiatives & Community Outreach  
University of Washington School of Law (206-616-1793)/[ecc93@uw.edu](mailto:ecc93@uw.edu)

To request disability accommodations, contact Disability Services Office at least ten days in advance of the event: (206) 543-6450 (voice); (206) 543-6452 (TTY); (206) 685-7264 (fax); [dso@u.washington.edu](mailto:dso@u.washington.edu) (e-mail).

**COMPLETE & SIGN BOTH PAGES- RETURN NO LATER THAN FEBRUARY 16!!**

**UW Law Academy Student Information**

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***Please provide the following information and your signatures on both pages.*** To request disability accommodations, contact the Disability Services Office at least ten days in advance of the event: (206) 543-6450 (voice); (206) 543-6452 (TTY); (206) 685-7264 (fax); dso@u.washington.edu (e-mail).

Student Name: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O Box City zip code

Name of High School \_\_\_\_\_ Grade level:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Please check all that apply (optional):  African American  Latinx/Hispanic  Native American  
 Other Racial/Ethnic Group  More than one Racial group  
 \_\_\_\_\_  Prefer not to answer

For additional invitations to other events, the UW Law Academy may share your contact information with partner programs, such as the Law School Admission Counsel DiscoverLaw.org or the MultiCultural Outreach and Recruitment Team (MOR). If you **DO NOT** want your contact info shared with these UW Law partners, please indicate by marking box:  Do not share contact info with LSAC or UW MOR and/or send additional information for other events.

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

**Parent/Guardian Information:**

***Please provide the following information and your signature below.***

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O Box City Zip code

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

***Please print the following information. In case of an emergency, please contact:***

Name(s): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Preferred Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening #: (\_\_\_\_) \_\_\_\_\_



**SCHOOL OF LAW**  
UNIVERSITY of WASHINGTON

## Conduct & Liability Section

I, as a parent or guardian of the UW Law Academy student conference attendee, recognize that this conference is made possible with the contributions of the University of Washington School of Law and LSAC/Discoverlaw.org. As a parent or guardian of a participant of UW Law Academy, my son/daughter's conduct must reflect a sincere appreciation of sponsors' efforts. I understand that my son/daughter's attendance at this conference is contingent upon his/her appropriate conduct.

My son/daughter promises that while at the UW Law Academy, he/she will:

1. Act in a respectful and professional manner at all times.
2. Respect individual privacy and comfort.
3. Be aware of and preserve the safety, health and welfare of other individuals.
4. Refrain from conduct that will cause any damage to facilities or equipment during the ride to and from the conference.
5. Refrain from conduct that will cause any damage to facilities or equipment during the conference.
6. Refrain from the consumption or be in the presence of any illegal drugs and/or alcohol.
7. Participate in all activities within the conference.

I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my son/daughter's participation in the conference and I give permission for them to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical emergency will be solely my responsibility.

I release the University of Washington, UW School of Law, and their affiliates from any liability on account of injury to or death arising out my son/daughter's participation in the UW Law academy activities and hold the UW School of Law and their affiliates harmless of any damage or costs that may be incurred due to acts during my son/daughter's participation in this conference.

I have read and understand the above and understand that the UW School of Law reserves the right to expel my son/daughter from the conference if my son/daughter does not live up to this agreement. If for any reason my son/daughter is expelled from the conference, I as a parent will be held responsible for any transportation cost resulting from sending my son/daughter home.

I further understand that my child's attendance at the conference may involve coverage by the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice, or likeness, and agree that the University may use my child's name, image, voice, or likeness in connection with publicity for the University of Washington and its outreach and recruitment purposes.

### Please list any allergies/medical issues:

Medical Restrictions:  Yes  No If yes, explain: \_\_\_\_\_  
Allergic to nuts:  Yes  No If yes, explain: \_\_\_\_\_  
Current Medications:  Yes  No If yes, please list: \_\_\_\_\_  
Dietary Restrictions:  Yes  No If yes, explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

