



CAMP PARTICIPATION /TRIP RELEASE
(Florida Gulf Coast University-Sponsored Program for Minors)

I, as a parent or guardian of _____, consent for him/her to participate in the event called _____ (“Activity”) which is sponsored by _____ (Department/Program – “Organizer”) and scheduled to take place (or begin) on _____, 20__ and located on the property of Florida Gulf Coast University (“University”) or other location (specify) _____. Including transportation, the event consists of the following types of activities:

_____.

I acknowledge that I have thoroughly read and understand the information contained in this Release pertaining to the Activity and the possible risks associated with my minor child’s participation in this Activity.

I acknowledge and agree that I have required my child to act in a mature and responsible manner at all times during the Activity and further acknowledge and agree that I will be held responsible for my child’s behavior and that my child must respect the property of the University and its faculty and staff, as well as other participants.

I acknowledge and agree that my child must observe all state, local laws and University regulations, policies including alcohol/drug use policies and required conduct. I further acknowledge and agree that in the event I have any questions regarding the applicability of the University’s regulations and policies to the Activity, it is my responsibility to make any necessary inquiries to the Activity Organizer. Additionally, I acknowledge and agree that my child must observe and comply with the specific rules and conditions developed for participation in the Activity by its Organizer.

I acknowledge and agree that it is my obligation to make any necessary inquiries or provide the necessary information to the Activity Organizer regarding my child’s ability, physically or otherwise, to safely participate in the Activity and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to my child resulting from his/her participating in the Activity. Any questions I had regarding my child’s ability to participate in the Activity have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision for my child to participate in the Activity.

In exchange for the University allowing my child to participate in the Activity, I give the University the right and my permission to record his/her participation and appearance on videotape, audiotape, film, photography or any other medium and to use his/her name, likeness, voice and biographical information in connection with these recordings. The University may make exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University’s property.



Waiver of Liability and Assumption of Risks

In exchange for the Organizer’s making arrangements for, permitting my child and assisting him/her in participating in the Activity, I hereby assume all risks of my child’s participation in the Activity. Risks include, but are not limited to, transportation risks, risks of participation in the various components of the Activity, and all risks related to any physical or other condition from which my child might suffer. I acknowledge that the University and/or Activity Organizer does **not** provide personal accident/health insurance or medical personnel for my child, and I assume personal and financial responsibility for any medical care and treatment my child may require as the result of participating in the Activity.

In exchange for the University and the Organizer of the Activity allowing my child to participate in the Activity and having reviewed and agreed to all acknowledgements listed in this Release, I, on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my child participating in the Activity. I release and forever discharge and covenant not to sue the Florida Gulf Coast University Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives including the Activity’s Organizers (“Releasees”) from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys’ fees (“Claims”) that I may have or that may hereafter accrue to me or my child, arising out of or related to any harm, loss, damage or injury including, but not limited to suffering, death or property loss that may be sustained by my child, whether caused by his/her action, or the negligence of the Releasees or the action of third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm loss, damage or injury. I agree to indemnify and hold Releasees harmless from any against all claims asserted against any of the Releasees by any entity based upon my child’s participation in the Activity.

I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Ft. Myers, Lee County, Florida.

I have read, understand and acknowledge that through my signature below, I will comply with the information and directions and agree to be bound by the terms contained in this Release and I have voluntarily executed the Release.

Dated this ___ day of _____, 20__.

Parent/ Guardian’s Signature

Address: _____

City & State: _____

Telephone Number _____

Secondary Number _____