

FSU iCamp

STATEMENT OF VOLUNTARY CONSENT RELEASE AND WAIVER OF LIABILITY

IN CONSIDERATION of my participation in a field trip/activity in connection with my studies at the Florida State University, described as follows:
(Description and Designation of Activity)

- Weekly STEM exploration field trips on/off FSU's Campus. NOTE: parents must pick-up/drop-off students to off-campus field trips.
- Daily activities and lunch at various on-campus locations

and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I,

(name of parent/ guardian)

understand, have actual knowledge, and appreciate that
there may be risks involved with my participation in the activities described herein, including, but not limited to: Movement to and from on-campus locations (may involve campus transportation and/or walking), which may involve physical endurance.

I do hereby voluntarily consent to my participation in the aforementioned activity and assume the risks arising therefrom. I knowingly accept all risks and agree to relieve the Florida State University Board of Trustees including their employees, agents, representatives, assigns and successors, of any responsibility, liability, or cost for any accident or injury of any nature to me arising from my participation, including assuming any costs, including medical costs, as a result of such accident or injury in connection with the activities associated with my participation.

I waive any and all claims I may have in the future, including claims of negligence and gross negligence as a result of my participation and give up and forever release my right to file any lawsuit against the Florida State University Board of Trustees including their employees, agents, representatives, assigns and successors, involving any accident or injury to me resulting from my participation in any activity associated with the FSU iCamp.

I further understand and agree that neither the Florida State University Board of Trustees provides any insurance coverage for such program and I hereby authorize medical treatment for myself, at my expense, if the need arises.

NOTICE TO THE PARTICIPANT /MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO/TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FSU BOARD OF TRUSTEES OR ITS AGENTS ("FSU") USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU/YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOU/YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FSU IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU/YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FSU HAS THE RIGHT TO REFUSE TO LET YOU/YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent Release/Waiver of Liability, I understand and acknowledge that I am relying wholly upon my own independent judgment, belief and knowledge of the circumstances involved in my participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

I am over the age of eighteen (18) years of age. If not, then I have obtained my parent/guardian's signature on this release, in addition to my own.
IN WITNESS WHEREOF, I have executed this document this _____ day of _____.

WITNESSES:

(Signature)

(Print name of Participant)

(Signature of Participant)

(Signature)

(Signature of Participant's Parent/Guardian if under 18 years of age)