



Summer Institute @UCF

Release Waiver Form

Name of Child: _____

I, _____, am the parent/legal guardian of the above-named child participant, who is under eighteen years of age, and am fully competent to agree to the terms set forth herein. I hereby permit my child to participate in the Summer Institute hosted by the Center for Initiatives in STEM.

In consideration for receiving permission for my child to participate in the Summer Institute, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes the University of Central Florida (including but not limited to its College of Sciences), the Board of Trustees of the University of Central Florida, the State of Florida, the Florida Board of Education, the Florida Board of Governors, and their employees, officers, agents, servants, volunteers and students and all organizations involved in the coordination, hosting, and staffing of and contribution of equipment and supplies to the conference/workshop, and also their agents, servants, and employees (with all of the above collectively referred to as RELEASEES), FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, JUDGMENTS, EXPENSES (INCLUDING FEES AND COSTS), CAUSES OF ACTION OR INJURY, INCLUDING DEATH that may be sustained by my child or me while participating in the Summer Institute or in connection with the Summer Institute, whether caused by RELEASEES' negligence or otherwise, or while on the premises owned or leased by RELEASEES.

I acknowledge that the Summer Institute workshops may expose my child to various risks, including without limitation, the possibility of risk of serious personal injury to my child and others, and the possibility of risk of personal property damage or destruction. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child or me and all risks and consequences associated with or arising in connection with such participation, whether supervised or unsupervised. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including courts costs and attorney's fees for both trial and appellate levels that may occur as a result of or in any way related to my child's or my participation in the Summer Institute, whether caused by RELEASEES' negligence or otherwise.

I hereby grant permission to survey my child and me about the event. I understand that names are not collected on these written surveys and participation is voluntary. I further grant permission to publicly share or publish the data from our surveys (data is collected and reported anonymously in a summary format from the surveys), including testimonials collected in the surveys. There is no monetary or other compensation to my child or me for participation in the surveys. In addition, I hereby grant permission for my child and/or me to appear in photographs, videotapes, or other forms of media that may be published by or on behalf of the University of Central Florida in the form of video, hard copy publications, web sites and/or other forms of media with respect to or in connection with the above referenced Summer Institute or associated activities without monetary or other compensation to my child or me.

I hereby represent that I HAVE READ THIS RELEASE FORM IN ITS ENTIRETY AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS IT CONTAINS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

Date _____