



Summer Institute @UCF Online

Online Participation Agreement and Waiver Form

Summer Institute Student Name: _____

Parents/Guardians: Read carefully before signing

In consideration for my child's participation in the Summer Institute, hosted by the Center for Initiatives in STEM, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes SPONSOR, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH**, that may be sustained by my child, or to any property belonging to me or my child, whether caused by the negligence of the RELEASEES or otherwise, while participating in the Summer Institute, or while in, on or upon the premises where the Summer Institute is being conducted.

Summer Institute activities may include, but are not limited to the following:

- Virtual group conversations**
- Interactive learning sessions in an online platform**

IDENTIFICATION AND ACKNOWLEDGMENT OF RISK

I am fully aware of the risks and potential hazards connected with participating in the Summer Institute, including but not limited to, the risk of data mining, phishing, viruses, malware, data breach of online information cyberbullying, exploitation, victimization, cyber stalking, online grooming, cyber predators, digital footprint, reputation loss, compliance violations, brand hijacking, image replication, and I hereby elect to voluntarily participate in the Summer Institute, and engage in such activity knowing that the activity may be hazardous to my child and/or my or my child's property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY**, that may be sustained by my child, or any loss or damage to property owned by me, as a result of my child being engaged in such an activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise.

ACKNOWLEDGEMENT OF GOOD MENTAL AND PHYSICAL CONDITION

I further acknowledge that my child is in good mental and physical condition for the limited purpose of the Summer Institute registration and participation.



CONSENT TO DATA COLLECTION (SURVEYS)

I hereby give permission for the University of Central Florida to collect information from me and my child through an online platform. I understand that this information will not be shared with any third party, unless otherwise required by the third-party platform provider for participation, or unless required by law, regulation, and/or university policy. For additional information on the university’s Data Classification and Protection policy, please visit <https://policies.ucf.edu/documents/4-008.pdf>.

CONSENT TO RECORDING

I further hereby authorize the University of Central Florida to photograph and video/audio record (“Record”) my child during the Summer Institute, and use or distribute any photograph, audio or video recording (“Materials”) related to Summer Institute activities that my child is depicted in. I also authorize use of these Materials for publication in a brochure, on University of Central Florida websites, or other University of Central Florida promotional material. Materials may also be distributed to other Summer Institute participants, or the public for educational purposes, including but not limited to a Summer Institute group photograph of all participants.

RELEASE AND WAIVER OF LIABILITY

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY CHILD’S PARTICIPATION IN THE SUMMER INSTITUTE AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS THE RELEASEES. I AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys’ fees, that may be incurred due to my child’s participation in the Summer Institute, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise. It is my express intent that this Online Participation Agreement and Waiver Form shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named RELEASEES. I hereby further agree that this Participant Release, Consent and Waiver of Liability shall be construed in accordance with the laws of the State of Florida.

IN SIGNING THIS PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Participant Consent, Release and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____