



# UNIVERSITY OF CENTRAL FLORIDA

## Center for Initiatives in STEM (iSTEM)

### Open Meal Permission Form

Program/Activity Name \_\_\_\_\_

Program/Activity Date(s) \_\_\_\_\_

Personal Information (please print)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

#### Open Meal Terms and Conditions:

In consideration for receiving permission for my child to check in and out of the above-named Program/Activity during the designated meal periods, 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 while checked out of the Program/Activity, whether caused by RELEASEES' negligence or otherwise, or while on the premises owned or leased by RELEASEES. I acknowledge the Program/Activity provides no supervision of activities while checked out of the Program/Activity and assumes no liability for any accident or injury that occurs during this time period.

In order to obtain and retain open meal privileges, each minor participant:

- must be a rising 10th, 11th, or 12th grade student;
- must be in good standing within the Program/Activity;
- must be on-time returning to the Program/Activity from the designated meal period. Repeated failure to return on-time may result in loss of privileges;
- must sign out of the Program/Activity prior to leaving and sign back into the Program/Activity when returning from meals;
- may not travel off-campus for meals nor transport any other minor participant in their car to another section of campus;
- must adhere to all other open meal instructions designated by the Program/Activity, including not traveling around campus alone.

Open Lunch Permission Form (Pg. 2 of 2)

Program/Activity: \_\_\_\_\_

Program/Activity Date(s): \_\_\_\_\_

**Failure to abide by any of the above rules may result in loss of open lunch.**

**By signing or typing your name below, you confirm that you have reviewed the above information and agree to follow the rules of the program.**

**Minor Participant:** I have read the entire Open Lunch Terms and Conditions for the above-named program/activity. I agree to follow the rules and conditions stated herein, and I am aware of the potential consequences should I violate any of the terms or conditions as noted.

Signature of Minor Participant: \_\_\_\_\_

Print Minor Participant Name\*: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian:** I have read and understand the **Open Meal Terms and Conditions** for the above-named Program/Activity. I grant my child, \_\_\_\_\_, permission to leave the named Program/Activity for meals and return at the time designated by the Program/Activity. I assume full responsibility for my child's actions and behavior when they leave for Open Meal.

My child meets the grade requirements specified above. I hereby grant permission for my child to travel with the group of students during meal times and understand that they may not be constantly monitored by a member of camp staff.

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name\*: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please note that only the minor participant and the enrolling parent/guardian will be permitted to complete this form.