

## **MINOR PARTICIPANT CONSENT, RELEASE, AND WAIVER OF LIABILITY**

### **READ CAREFULLY BEFORE SIGNING**

In consideration for my and/or my child's participation in the **Girls with Nerve** summer camp at the University of Florida ("Program"), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Florida Board of Trustees and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me and/or my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted.

Program Activities may include, but are not limited to the following:

- Sheep brain dissection
- Touring the McKnight Brain Institute (~10 min walk from the Florida Gym)
- Beaded neuron craft
- Building electronic circuits
- Sensory perturbations – prism goggles and the rubber hand illusion
- Observing transcranial magnetic stimulation
- Touring the Motion Lab
- Touring the Human Neuromechanics Lab (~10 min walk from the Florida Gym)
- Obstacle course to learn about traumatic brain injury

### **IDENTIFICATION AND ACKNOWLEDGMENT OF RISK**

I am fully aware of the risks and potential hazards connected with participating in the Program, including but not limited to, the risk of loss of personal property from theft, risks or injuries associated with Program Activities, and other injuries that may not be foreseeable, and I hereby elect to voluntarily participate in the Program, and engage in such activity knowing that the activity may be hazardous to myself, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or my child, or any loss or damage to property owned by me, as a result of my child being engaged in the Program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

### **ACKNOWLEDGEMENT OF GOOD MENTAL AND PHYSICAL CONDITION**

I further acknowledge that both myself and my child are in good mental and physical condition and I do not know of any medical or physical condition, or other reason, that myself and/or my child should not participate in the Program or which could interfere with my or my child's safety in such Program, or else I am willing to assume — and bear the cost of — all risks that may be created, directly or indirectly, by any such condition. My and/or my child's participation in any Program Activity is purely voluntary, and I elect to participate and/or have my child participate despite the risks and known or unknown dangers associated with Program Activities.

**CONSENT TO MEDICAL TREATMENT**

During the Program, I hereby give permission for the program staff to administer appropriate medical attention to myself and/or my child in the event of any accident, illness, or injury, including non-prescription medications or any medications my child brings to camp in original containers with dosage instructions that is provided to Program staff. In the event of an emergency, 911 will be called, and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my or my child’s insurance.

**CONSENT TO COLLECT INFORMATION AND NOTICE OF PRIVACY POLICIES**

I hereby give permission for the University of Florida to collect information from me and/or 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. For additional information on the University’s privacy policies, please visit <https://privacy.ufl.edu/privacy-policies-and-procedures/onlineinternet-privacy-statement/>.

**CONSENT TO PHOTOGRAPHY/RECORDING**

I further authorize the University of Florida to photograph and video and/or audio record myself and/or my child during the Program and use or distribute any picture or video/audio recording (“Materials”) related to Program Activities in which myself and/or my child are depicted. I also authorize use of these Materials for publication in brochures, on UF websites, and in UF promotional materials. Materials may also be distributed to other Program participants, including but not limited to a Program group photograph of all participants.

**SIGN-IN/SIGN-OUT OF PROGRAM ACTIVITIES**

I acknowledge that the Program is not responsible for transportation for my child either to or from the Program Activity location.

The following individuals are authorized to sign in and/or sign out my child to/from the Program each day:

Authorized Person	Phone Number	Relationship to Child

**RELEASE AND WAIVER OF LIABILITY**

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THE PROGRAM 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 incur due to my and/or my child's participation in the Program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. It is my express intent that this Participant Consent, Release and Waiver of Liability ("Waiver") 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 Waiver shall be construed in accordance with the laws of the State of Florida.

IN SIGNING THIS WAIVER, 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 Waiver for full, adequate and complete consideration, fully intending to be bound by same.

Printed Participant Name: \_\_\_\_\_

Printed Parent or Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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