

Entomology Field Camp Program Contract and Release of Liability

Downloadable form available: http://entnemdept.ufl.edu/bug_club/camp.htm

PROGRAM CONTRACT

We, _____ and _____,
Parent or Guardian Parent or Guardian

as parent(s) or legal guardian(s) of _____ (hereinafter referred to as "participant"), confirm that he or she will be a participant in a week long day camp, to be held at the University of Florida (UF)/IFAS Entomology Department, and understand and agree to the following conditions of his or her participation:

- (1) Entomology Field Camp is a one-week day program and the participant will attend for the full duration of the program;
- (2) It is understood that the parent(s) or guardian(s) are responsible for:
 - a) medical treatment and medications for pre-existing conditions; medical treatment and medications not covered by the UF insurance policy carrier (American Income Life Insurance Special Activities Coverage).
 - b) any other costs incurred by the participant which are not the specific responsibility of the program which have been included in the camp registration fee (food, t-shirt, lab activities and supplies, social activities).
- (3) It is understood that, if necessary, the participant may decline the invitation to attend by submitting a written statement by 5:00 PM, June 5. If the participant must decline, notice given prior to June 5th will be eligible for a partial refund of \$100.00. Notice after June 5th will not result in a refund.
- (4) Participant and parent(s) or guardian(s) understand that if discipline problems arise then the student may be suspended from the Entomology Field Camp. All disciplinary actions are the decision of the Program Director or the Director's Designee and will be determined after consultation with the student.
- (5) Participant and parent(s) or guardian(s) hereby consent that all photographs, videotaped images, voice recordings and/or written extraction, taken during Entomology Field Camp held by the University of Florida/IFAS, may be used by UF/IFAS and/or others with the permission of UF/IFAS for any legal purpose including illustration, advertising, or publication in any manner.
- (6) Participant's parent(s) or guardian(s) hereby consent that participant may be transported in a registered University of Florida state vehicle along with the rest of the group on any field trip or outing associated with camp program.

RELEASE OF LIABILITY:

We/I, as parent(s) and/or guardian(s) of the participant, personally and on behalf of the participant, in consideration of the benefits to be derived from participating in Entomology Field Camp, RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Florida Board of Trustees, the Board of Governors of the State of Florida, the State Board of Education of the State of Florida, the Department of Education of the State of Florida, the State of Florida, and their officers, directors, servants, agents or employees collectively, the releases from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained or incurred by the participant, or to any property belonging to the participant during and/or as a result of the participation of the participant in Entomology Field Camp, including all travel to and from Gainesville, Florida, immediately prior to, during and immediately following the program, whether caused by the negligence of the releases or otherwise.

We/I do assume all the risks and hazards incidental to the conduct of program activities. We/I do further hereby release, absolve, indemnify and hold harmless the organizers and supervisors, any and all of them, in case of accidental injury to the above named. We/I do hereby waive all claims against the organizers, or any and all supervisors employed by them.

Signature of Parent or Guardian

Signature of Parent or Guardian

NOTE:

*This form is to be completed and signed by **BOTH** parents or guardians or by the one parent or guardian who is legally designated as having sole custody.*

Before me, the undersigned, duly authorized to administer oaths and take acknowledgments, personally appeared all of the above persons who, having fully sworn, on oath depose and say that they have read and understand the foregoing. If this document is being signed by only one parent or guardian, acknowledgment was made to me that this parent or guardian is legally designated as possessing sole custody of the participant.

Sworn to and subscribed before me this _____ day of _____, 20_____

at _____ in _____ County, State of _____

Personally known to me or Produced Identification; Type of Identification: _____

Notary Public Signature (SEAL)

My Commission Expires