



Camper Name: _____

Camp Attending: _____

In consideration for the child to participate in the Saint Leo University Youth Activity Program ("Activity") I, the undersigned, as the parent or guardian for my child, hereby state and agree as follows:

I hereby give my permission for my child to participate in this Activity. I am fully aware of the risks and hazards connected with participating in this Activity. I understand that these risks include, but are not limited to, tripping, falling, colliding with objects or other participants, loss of consciousness, head injury, dizziness, dehydration, lacerations, fainting, serious neck and spinal injuries, complete or partial paralysis, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, concussions, drowning, and even death. I also acknowledge that the facilities of Saint Leo University, including but not limited to, ropes course, soccer field, softball field, baseball field, batting cages, intramural field, tennis courts, lacrosse field, outdoor basketball court, outdoor volleyball courts, pool, gymnasium, weight room, lakefront area, residence halls, classrooms, labs, university meeting spaces, and the dining hall contain inherent risk of injury. I voluntarily allow my child to participate in this Activity, even though I know such Activity may be hazardous for my child. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by my child, or any loss or damage to property owned by my child, which may result, directly or indirectly, from my child's participation in this activity, and I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT TO NOT SUE Saint Leo University, its trustees, officers, servants, agents, employees, or volunteers ("University") from any and all liability, claims, demands, actions and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or to any property belonging to my child while participating in the Activity, on University premises, using University equipment or using facilities, unless any such damage or injury is primarily the direct result of negligence or intentional misconduct of Saint Leo University or any of its officers, employees or lawful agents.

If this is an overnight camp, I understand that my child will be housed in University housing under the supervision of University employees and agents of the Activity and grant permission for said employees and agents to supervise the conduct of my child while occupying such property.

I also understand and agree that my child may be sent home or not be allowed to participate in the Activity or be housed overnight at the University if my child leaves the campus, fails to follow University rules and policies, or disregards the instructions of University employees and agents. Should that occur, I agree to pick up my child immediately and I understand and agree that no fees shall be refunded.

I voluntarily release the University from liability for any action should my child leave Saint Leo University property without the permission or knowledge of University employees or agents.

I grant the perpetual, non-exclusive, royalty-free right and license to:

1. Record my child's participation and appearance on digital or film photography, video tape, audio tape or any other medium collectively, the ("Recordings").
2. Use my child's name (or any fictional name), likeness, voice and biographical material in connection with these Recordings, to be used only in or for Saint Leo University written, electronic, and web publications collectively, the ("Purpose").
3. Reproduce, distribute, publicly display and/or publicly perform, in print, electronic or any other mediums, copies of the Recordings, in whole or in part. Grantor represents that he or she possess all rights necessary to grant this permission for and in connection with the Purpose.

This grant of rights is made voluntarily by me and my child. I further agree to release and forever discharge Saint Leo University, its agents, employees, and designated representatives, from any and all claims in law or equity that my child have or shall have arising out of Recordings.

I certify to the University that my child has adequate health insurance to cover any medical costs that may arise directly or indirectly from participating in this Activity and agree to be responsible to pay for any medical costs incurred or not covered by insurance. I

further represent to the University that my child has no medical conditions that prevent or hinder my child's participation in this Activity. I have disclosed any health or medical conditions that could impact my child or that may require specific accommodations while participating in Activity.

I understand that the University will not have medical personnel present at the Activity. I hereby grant the University permission to authorize emergency medical treatment for my child, if necessary, and to dispense medication provided by me and according to my directions. I understand and agree that the University assumes no responsibility for any injury or damage that may arise from medical treatments and I hereby release the university from any and all liability whatsoever in connection with medical treatment.

I further agree to indemnify and hold harmless the University from any loss, liability, damage or costs, including court costs and attorney's fees that the University may incur in connection with my child's participation in this Activity unless any such costs or damages is primarily the direct result of negligence, or intentional misconduct of Saint Leo University or any of its officers, employees or lawful agents.

It is my express intent that this Agreement, including the release and waiver of liability, covenant not to sue, and hold harmless provision, shall bind the members of my family and spouse, if I am alive, and my heirs, assigns personal representatives, if I am deceased.

I agree that the law of the State of Florida shall govern this agreement.

I acknowledge that the University does not require my child to participate in this Activity for academic reasons or for other purposes.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Name and Number: _____

Insurance Provider and Policy Number: _____

List any pertinent health or medical information including all allergies: _____

List all current medications including over the counter, non-prescription and prescriptions: _____
