

Florida State University - Campus Recreation/Reservation
Statement of Informed Voluntary Consent and General Release
(For Individual Participant Signature or Parent/Guardian if participant is under age 18)

In consideration of my or my minor child's participation in The Florida State University's **Camp Flastacowo** and having actual knowledge and appreciation of the particulars of the program and those risks involved in summer camp, I voluntarily consent to my participation in the program, and assume the risks arising therefrom.

In consenting to my participation, I also acknowledge that **Florida State University Camp Flastacowo Staff** regarding activity, skills, risks, and specific guidelines associated therewith, as outlined in the following summary has advised me.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FSU BOARD OF TRUSTEES OR ITS AGENTS ("FSU") USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FSU IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FSU HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HEREBY CONSENT, declare and represent, as evidenced by my signature below, that I am on notice that The Florida State University has no insurance to cover me or my child in the event that the participating child is under eighteen years of age, in the event of injury or death and I specifically release and hold harmless The Florida State University Campus Recreation, The Florida Board of Trustees, its employees, and personnel from any and all liability connected with this activity and assume all risks, liabilities and responsibilities for any and all accidents, injury or property loss arising therefrom, and it has been strongly recommended to me that I obtain medical insurance prior to the aforementioned activities.

Finally, I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the described activity, and that I have read this statement, understood its contents and executed it of my free will and choice.

I acknowledge on my own behalf or on the behalf of my minor child that I or my minor child am/is in good physical condition and do not have a problem, which would preclude my or my child's participation in the activities as a consequence of any and all injury, loss or damage, directly or indirectly sustained by me or my child through my participation in the aforementioned activity.

Participant: _____
Camper's Name

Signature: _____
Parent or Guardian (If participant is under 18)

Date: _____
MM/DD/YYYY

Witness: _____
Staff Member or Notary

Photo/Media Release:

I _____ grant FSU Reservation Camp Flastacowo and persons acting for or through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me or my minor child for use in materials they may create.

Date: _____ Signature: _____