

**Florida Atlantic University Parental Permission Form  
and Release of Liability for Pre-collegiate Programs**

**(Each Program must create its own form by filling in the name of the PRE-COLLEGIATE PROGRAM, the dates, the activities and the risks associated with the activities.**

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_, a minor child under the age of 18 years. I would like to have my child participate in the following PRE-COLLEGIATE PROGRAM at Florida Atlantic University (UNIVERSITY): \_\_\_\_\_ which will take place from \_\_\_\_\_ to \_\_\_\_\_.

In consideration for my child being allowed to participate in this PRE-COLLEGIATE PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This PRE-COLLEGIATE PROGRAM affords my child the opportunity to participate in activities, including, but not limited to: \_\_\_\_\_ (insert a list of camp/program activities here) \_\_\_\_\_. There are inherent risks involved with these activities, including but not limited to \_\_\_\_\_ (insert specific risks associated with the pre-collegiate program here) \_\_\_\_\_. I choose to voluntarily allow my child to participate in this PRE-COLLEGIATE PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this PRE-COLLEGIATE PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

I do not have medical insurance, but understand the University is not responsible for medical expenses that may directly or indirectly result from my child's participation in this PRE-COLLEGIATE PROGRAM.

3. I understand that this PRE-COLLEGIATE PROGRAM is physically strenuous. I certify that my child is physically fit to participate and I know of no medical reason why my child should not participate. [Include this paragraph only if appropriate].

4. I hereby release, waive, and discharge Florida Atlantic University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's

participation in this PRE-COLLEGIATE PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this PRE-COLLEGIATE PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED HEREIN, AND TO DISCUSS ANY QUESTIONS OR CONCERNS I MAY HAVE WITH THE UNIVERSITY OR ITS AFFILIATE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

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Signature of Parent and/or Legal Guardian

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Date

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Signature of Parent and/or Legal Guardian

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Date