



Florida Atlantic University Parental Permission Form and Release of Liability for
Pre-collegiate Programs French Summer Camp

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): French Summer Camp 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: piano, creative writing, arts oriented classes, swimming and campus tours. There are
inherent risks involved with these activities, including but not limited to recreational incidents. 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 certify that my child is physically fit to participate and I know of no medical reason why my child should
not participate.
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.

Signature of Parent and/or Legal Guardian

Date