

For All Fun with Science Camp Participants

**WAIVER, ASSUMPTION OF RISK,
AND RELEASE OF LIABILITY**

By my signature below, I hereby attest that I am the parent/legal guardian of a minor participant, and grant my full approval for my child to participate in the Fun with Science Program ("Program") held by and on the campus of the University of West Florida and its Department of Chemistry ("UWF"). I am fully aware of the dangers inherent in my child's participation in all phases of the activities associated with the Program. I understand the specific risks my child may come in contact with include, but are not limited to, exposure to chemicals, exposure to glassware, and exposure to heat and cold which may result in serious bodily injury, loss of limb or life, and other hazards to my child. I understand and appreciate the risks involved and freely assume them.

I further attest that there are no reasons why my child cannot participate in this activity and there are no limitations on his/her ability to participate. I also agree to instruct my child to follow all rules of the Program and the instructions of its staff, including dress and safety codes. I understand that these rules are designed for the safety and protection of my child and that my child's failure to adhere to the rules and regulations involved with the Program may result in my child being removed from this program and other UWF activities presently and permanently.

I hereby grant consent to the instructors and/or supervisors of the program to seek medical aid for my child in the case of an emergency.

In consideration of my child's participation in this program, I hereby, for myself and for my family, spouse, heirs, assigns and personal representative, now and forever waive, release, discharge and covenant not to sue The University of West Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, servants, agents, or employees (the "Releasees") from and against any liability, claim, demand, action, and cause of action whatsoever, arising out of or related to any loss, damage or injury, including death, that my child may sustain, whether caused by the ordinary negligence of Releasees or otherwise, while participating in the Program. I further agree to indemnify and hold harmless the Releasees from same, including court costs and attorneys fees.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of Florida and that if any portion is held invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.

Name of Participant: _____ Date: _____

I am the Parent/Legal Guardian of _____ (print name of participant), and I have read, understand, and voluntarily sign this Waiver and Release and agree to its contents for the participant and for myself.

Signature of Parent/Legal Guardian: _____ Date: _____