

University of West Florida, Office of Recreation and Sports Services
STATEMENT OF ASSUMPTION OF RISK, INFORMED CONSENT, and RELEASE OF LIABILITY
Argo Adventure Camp

I, _____ (print participant's full name), the undersigned participant, (or in the event the undersigned is under eighteen (18) years of age, the undersigned's parent or guardian), have actual knowledge and conscious appreciation of the particular risks involved in sports activities organized by the University of West Florida. I acknowledge that the activities I will be participating in may involve strenuous physical activity, physical interaction with other participants, travel, exposure to inclement weather and other dangers, which may result in injuries to me, ranging from minor to severe, including serious permanent disability, paralysis, or death. These types of injuries may result from my own actions, the actions or inactions of others or a combination of both.

Other specific risks that may arise from my participation in these activities may also include, but are not limited to abrasions, bruises, concussions, cuts, dehydration, dental/oral injury, dislocations, eye injury, fungal/bacterial infection, fractures, head injury, heat illness, lacerations, ligament tears, muscle strain, scratches, spinal injury, sprains, and vision loss.

I understand that participating in sports activities require a minimum level of fitness for safe participation. I warrant that I am physically able to participate and have no physical condition that would prevent my participation in this activity. I acknowledge that it is my responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by the University of West Florida.

I understand that the rules and instructions involved with this activity are designed for my safety and protection and I hereby undertake to abide by all such rules and instructions. I understand that my failure to adhere to the rules and instructions involved with this activity may result in my being removed from this and other such activities presently and permanently.

I authorize the University of West Florida, acting for and on behalf of the University of West Florida Board of Trustees ("University") and those acting pursuant to its authority to record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; use my name and biographical material in connection with such recordings; and use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings on any medium (e.g., print publications, video, internet, etc.) for a variety of promotional, advertising, educational, and/or other lawful purposes. I agree to release the university from all liability related to the recordings and waive any claims or rights of compensation or ownership regarding such uses, and agree and understand that all such recordings shall remain the property of the University.

In consideration of my participation, I agree to forever hold harmless, covenant not to sue, release and discharge the State of Florida, the Florida Board of Governors, the University of West Florida Board of Trustees, the University of West Florida, and all other sponsors and their respective officials, employees, agents, assigns, volunteers, and guests (hereinafter referred to as "Released Parties") from any and all liability resulting from the ordinary negligence of those involved, including Released Parties. I further agree to forever save and hold harmless the Released Parties from any claim or lawsuit by me, my spouse, my family, estate, heirs, or assigns, arising out of my participation in the program offered or sponsored by the University of West Florida, including all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by use of my photograph, likeness or voice.

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

I acknowledge that in executing this Statement of Assumption of Risk, Informed Consent and Release of Liability, I have read this statement, understand its contents, had the opportunity to ask questions about it and sign it of my own free will and choice.

Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of myself, my family, heirs and personal representatives, to assume the risks and responsibilities surrounding my participation in the Program.

Signature of Participant or Parent/Guardian

Date

PERMISSION/WAIVER FOR DISPENSING OF MEDICATION:

It is required by the University of West Florida, as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. I request that

_____ (Printed Name of Participant)

Receive _____
name of medication dosage of medication

For the period from _____ to _____ at _____ (Date/Time(s))

Physician's description of any anticipated reaction of child to the medications (if any):

I give permission to UWF to dispense medication to the camp participant named above while she/he is participating in a UWF program for which an appropriate authorization has been provided. I understand that UWF does not have medical personnel on staff to assist in the administration of medication for camp participants and that medication will be dispensed by the camp staff; I understand that UWF will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I covenant not to sue and release UWF and each of its trustees, employees and agents from all liabilities, claims, and demands for injury or loss that I and/or the above named participant may now or in the future have, resulting from the dispensing and/or administration of medication while in a UWF program or any disclosure relating to medication administered. I understand the prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the participant named above, the medication, and dosage.

_____ Parent Printed Name

_____ Signature

_____ Date

AUTHORIZATION FOR MEDICAL TRANSPORTATION AND TREATMENT:

If my child is injured in an accident or becomes seriously ill while participating in a UWF camp program, I authorize UWF to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold UWF harmless from all such costs, charges, and fees.

_____ Parent Printed Name

_____ Signature

_____ Date

Known Allergies: _____

Special Needs/Requests: _____

Code of Conduct

While every camper at Argo Adventure Camp deserves the most rewarding and fulfilling experience, the Camp Directors, Counselors, Staff, and University of West Florida must expect each camper to abide by specific rules, regulations, and expectations of behavior. The following outlines how campers should act while at Argo Adventure Camp and what disciplinary processes may incur should a camper not abide by the expectations given to them.

1. Campers are expected to accept other campers, counselors, staff, and all related to the University of West Florida. Negativity directed towards any individual will not be tolerated. This includes: put-downs, teasing, excluding, joking, aggravating, etc.
2. Ethical or racially charged jokes, teasing, slurs, or put downs are not permitted. Campers are expected to welcome diversity and to learn from the differences other campers may have.
3. Campers will refrain from touching others in harmful or inappropriate ways.
4. Fighting, whether verbally or physically, will not be tolerated.
5. Argo Adventure Kids Camp prohibits foul language of any kind. We are a fun environment that discourages negative language of all kinds.
6. Campers must follow directives from the Camp Directors, Counselors, and Staff at all times. Failure to comply with directives will result in disciplinary measures.
7. Closed toe and closed heel shoes are required at all times.
8. Appropriate clothing and swimwear are required for participation in activities.
9. Campers must be attentive to all activity directions and safety rules.
10. Campers must never leave their group or counselor without permission.

Disciplinary Process

We at Argo Adventure Kids Camp want each camper to have a great experience at camp. We understand that campers may have “off” days. However, overall good behavior is expected from every camper to ensure the safety and pleasure of all participants. The following is a guideline of how Camp Counselors will confront unwanted, negative behavior from any camper:

1. Warning: The camper will get a verbal warning of their inappropriate behavior.
2. Restriction: After a warning, if the behavior persists, the camper will sit out from activity for no more than 15 minutes.
3. Reporting: Should a camper persist in their behavior or escalate their behavior, the counselor will refer them to the Camp Director who may have the camper refrain from an entire activity. This may include the camper spending time in the Recreation and Sports Services Office.
4. Dismissal: If behavior proves too severe or intense, the Camp Director will request the parent/guardian to pick up the camper. If parent/ guardian cannot be reached, an emergency contact must fill in. Should the behavior of the camper prove extreme, the camper may be asked not to return to camp the following day or may be revoked from camp without refund.

Camper Signature

Date

Parent Signature

Date