

BERNARD HARRIS SUMMER SCIENCE CAMP at UCF 2008

PARENT APPROVAL FOR PARTICIPATION

I/We hereby certify and agree that _____ (“My Child”)
Please Print: Child’s Name (First, Middle, Last)

has my/our approval to participate in the Bernard Harris Summer Science Camp to be held June 15-27, 2008, at the University of Central Florida. I/We understand that this is a two-week camp and signing this form indicates that My Child will attend both weeks.

I/We know the nature of the Camp and My Child’s experience and capabilities and consider My Child to be qualified to participate in the Camp. But I/We acknowledge that there are certain risks of physical injury or illness associated with the Camp’s activities.

In return for My Child’s participation in the Camp: I/we fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, the Harris Foundation (“Foundation”), the University of Central Florida (collectively, the “Releases”) (including, but not limited to, each of the Releases’ regents, boards, agents, employees, officers or representatives), from all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses including, but not limited to, court costs and attorneys’ fees from any cause whatsoever-including, but not limited to, travel delays, property damages and loss, bodily injuries, sickness, disease or death-directly or indirectly arising in connection with My Child’s participation in the Camp, irrespective of whether foreseeable or contributed to by any negligent act or omission of any of the Releases or any other party.

I/We recognize that neither the Releases assumes responsibility for or liability for – including costs and attorney’s fees-any accident or injury or damage resulting from any aspect of participation in the Camp. Neither of the Releases is liable for any special, incidental or consequential damages arising out of or in connection with any aspect of participation in the Camp.

Neither of the Releases (including, but not limited to, each of the Releases’ regents, boards, agents, employees, officers or representatives) is responsible for any medical bill incurred as a result of any personal illness or injury to My Child. That medical bill is my/our responsibility.

I/We understand that by signing this document, I/we give up substantial rights that I/we or My Child would have otherwise to receiver damages for any loss occasioned by Releases’ fault, and I/we sign it voluntarily and without inducement.

(Both parents, if possible)

Signature of father/guardian

Signature of mother/guardian

Daytime Phone (father/guardian)

Daytime Phone (mother/guardian)

Date

Date