

Health Leaders Summer Academy 2018

Consent and Waiver of Liability

Dear Parents and Guardians:

This Consent and Waiver of Liability addresses your child's participation in the UCF College of Medicine's Health Leaders Summer Academy, including but not limited to consent for emergency medical treatment, use of images for promotional activities, and release of liability.

CONSENT

I authorize the UCF College of Medicine to obtain medical treatment for my child in the event of an emergency.

I hereby state that my child is physically and mentally capable of participation in Health Leaders Summer Academy activities. I give my child permission to participate in the Health Leaders Summer Academy, including off-site activities and to be transported to and from such off-site activities.

I understand and expressly acknowledge that participation in the Health Leaders Summer Academy is a privilege. The UCF College of Medicine may remove any student who is judged detrimental to the general welfare of the Health Leaders Summer Academy, its staff and/or other participants.

I give permission to the UCF College of Medicine to search my child's belongings when reasonable information is available that illegal substances and/or objects may be present.

I give permission to the UCF College of Medicine to use, without limitation or obligation, photographs, film footage, or tape recording, which may include me, my child's or my family's image or voice for the purposes of sharing the participants' experiences at the Health Leaders Summer Academy and promoting the UCF College of Medicine programs on various platforms including but not limited to websites, Facebook, Instagram and Snapchat.

RELEASE OF LIABILITY

I understand and expressly acknowledge that I assume the risk for any and all injuries, illness, loss or damage connected in any way to my child's participation in Health Leaders Summer Academy activities, whether on or off UCF and UCF College of Medicine premises, and waive any claims I may have of personal injury or damage associated with my child's participation in the Health Leaders Summer Academy.

I understand that the UCF Board of Trustees, UCF College of Medicine, Health Leaders Summer Academy, their directors, employees, agents, volunteers and affiliates assume no responsibility for injuries, illness, loss or damage, which my child may sustain as a result of his/her physical condition or from his/her participation in the Health Leaders Summer Academy activities.



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SIGNATURE

I have read this *Consent and Waiver of Liability* and have been provided information about Health Leaders Summer Academy. I understand and agree to abide by the terms stated in this *Consent and Waiver of Liability* and the information. I hereby consent to the above and release, forever discharge, hold harmless and covenant not to sue the UCF Board of Trustees, UCF College of Medicine, Health Leaders Summer Academy, their directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action arising out of my child's participation in Health Leaders Summer Academy (the "Claims"). I agree to indemnify and hold harmless the UCF Board of Trustees, UCF College of Medicine, Health Leaders Summer Academy, their directors, employees, agents, volunteers, and affiliates for any such Claims brought by a third party including costs (including attorney fees and legal expenses) associated with defending or litigating such Claims.

I have read and am voluntarily signing this *Consent and Waiver of Liability*. My signature is proof of my consent and intention of a complete and unconditional waiver and release of all liability.

Print Student's Name: _____

Parent's/Guardian's Signature: _____

Print Signer's Name: _____

Date: _____