

PARENTAL/GUARDIAN CONSENT & MEDICAL AUTHORIZATION

I, the undersigned, am the parent or legal guardian of _____, a minor child, younger than 18 years of age, (“My Child”), whose address is _____. I acknowledge that My Child has been provided with the opportunity to participate in **CASE CAMPS (Discover and/or Explore)** (the “Program”) on The Florida International University Board of Trustees’ (“FIU”) **Modesto A. Maidique Campus and/or Biscayne Bay Campus** in Miami, Florida from **June 14, 2021 to August 6, 2021**.

I, the parent or guardian of My Child, do hereby authorize that FIU, through its agents or employees, take whatever steps necessary to secure medical treatment for My Child in the event My Child appears to be, at the sole discretion of FIU, in need of such treatment while attending the Program. Furthermore, I understand and acknowledge that by signing this authorization form, I hereby consent to the rendering of all necessary medical treatment to My Child, which may include, but may not be limited to, My Child’s admission to a hospital or other appropriate health care facility, in such institutions and at such places as FIU, in its sole discretion, acting through its agents or employees, deems appropriate. I authorize the agents or employees of FIU to execute whatever forms and/or actions which might be necessary to ensure complete and adequate care of My Child and guarantee payment of all charges incurred as a result of any medical treatment or emergency transportation deemed necessary.

By signing this Parental/Guardian Consent & Medical Authorization, I acknowledge and represent that: (i) I have read and understood this document; (ii) I am signing this document voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) I am at least eighteen (18) years of age and am of sound mind and body; and (iv) I authorize the release of medical insurance information listed below by FIU to whomever has a need-to-know. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

Medical Insurance Company Name

Group Number/Member Number/Plan Number

Parent or Guardian (print name)

Address of Parent or Guardian

Home, Work and Mobile Phone Number(s) of Parent or Guardian

Parent or Guardian Signature

Date

RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK (MINORS)

I, the undersigned, am the parent or legal guardian of _____, a minor child, younger than 18 years of age, (“**My Child**”), whose address is _____. I acknowledge that My Child has been provided with the opportunity to participate in **CASE CAMPS (Discover and/or Explore)** (the “**Program**”) on The Florida International University Board of Trustees’ (the “**University**”) **Modesto A. Maidique Campus and/or Biscayne Bay Campus**, in Miami, Florida, from **June 14, 2021 to August 6, 2021** on the University’s premises, specifically described as _____ (the “**Premises**”).

I give the University authority to (i) record the likeness and voice of My Child on a video, audio, photographic, digital, electronic or any other medium and to use My Child’s name in connection with these recordings; and (ii) use, reproduce, exhibit or distribute these recordings in whole or in part in perpetuity in any and all media throughout the universe (including, but not limited to, print publications, video tapes, non-theatrical, home video, CD-ROM, internet and any other electronic or other medium presently in existence or invented in the future) for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional, recruiting, advertising and any commercial or non-commercial use. I understand and agree that all such recordings, in whatever medium, shall remain the property of the University.

I hereby release the University from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I or My Child may have from liability for any violation of any personal or proprietary right I or My Child may have in connection with the use of My Child’s likeness, voice, or name in any medium, and expressly waive any rights to privacy I or My Child may have under the Family Educational Rights and Privacy Act ("FERPA"); §1002.22, Fla. Stat.; and/or any other applicable law.

I acknowledge that I am aware of risks and hazards connected with the Program and its related activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or My Child. I acknowledge that My Child’s participation in the Program is purely optional and that My Child is freely and voluntarily participating in the Program, despite any such risks and hazards.

I understand that part of the risk involved in undertaking any activity is relative to My Child’s own state of fitness. I acknowledge that My Child has no physical condition that would prevent him/her from safely participating in these activities. I give my consent for emergency medical treatment rendered to My Child in the event of injury or illness and agree to be responsible for all costs associated with My Child’s transportation and treatment.

I acknowledge the risk that My Child may have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions or diseases does exist, and that it is impossible to eliminate the risk that My Child could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I knowingly and voluntarily assume all risks related to My Child’s exposure to COVID-19 or other medical conditions or diseases.

I acknowledge and agree that I will not allow My Child to participate in the Program or to be in the Premises on any day (A) that in the then past 48 hours, My Child or a close contact of My Child (such as parents or siblings) has experienced any of the following symptoms that are new or unusual for My Child or said close contact of My Child: fever (temperature of 100.4°F or higher) or chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea; (B) if My Child or a close contact of My Child (such as parents or siblings) has been in contact with anyone diagnosed with, or displaying symptoms of, COVID-19 within the then last 14 days; and/or (C) if My Child or a close contact of My Child (such as parents or siblings) within the then past 14 days has tested positive for COVID-19.

I, for myself, for My Child, My Child's heirs, executors, administrators and assigns, hereby release, waive, relinquish, and forever discharge and hold harmless FLORIDA INTERNATIONAL UNIVERSITY, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, and their respective officers, directors, employees, representatives, trustees, agents, students and volunteers (collectively "FIU") from any and all claims, demands, damages, actions and causes of action, including, but not limited to, claims, demands, damages, actions and causes of actions for personal or bodily injury, damage or loss of property, or wrongful death, which I, My Child, My Child's heirs, executors, administrators, and/or assigns have or may ever have arising out of, by reason of, or in any manner related to My Child's participation in the Program and its related activities on FIU's Premises, whether the same should arise by reason of negligence of FIU or anyone organizing or participating in the activity or otherwise or in any way whatsoever or howsoever caused by the negligence of FIU. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts of or other conduct by FIU. Further, I hereby agree that under no circumstances will I, for myself, for My Child, My Child's heirs, executors, administrators and/or assigns, prosecute or present any claim for personal or bodily injury, damage or loss of property, or wrongful death against any or all of FIU. It is my intention by this instrument to exempt and relieve FIU from any and all liability arising out of My Child's participation in the Program, including, but not limited to, liability for personal or bodily injury, damage or loss of property, or wrongful death.

I further expressly agree that this Release, Waiver of Liability, and Assumption of Risk is intended to be as broad and as inclusive as the laws of the State of Florida will allow, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.

I further represent and state that I am not relying on any oral or written representation or statements made by FIU. I further agree that this Release, Waiver of Liability, and Assumption of Risk shall be governed by and interpreted in accordance with the laws of the State of Florida.

In signing this Release, Waiver of Liability, and Assumption of Risk, I acknowledge and represent: (i) that I have read and understand it; (ii) that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) that I am giving up substantial rights by signing it; and (iv) that I am at least eighteen (18) years of age and fully competent. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

I HAVE READ THE ABOVE Release, Waiver of Liability, and Assumption of Risk AGREEMENT AND, BY SIGNING IT, VOLUNTARILY AGREE TO BE BOUND BY IT, AND AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE FIU FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION.

Parent or Legal Guardian for _____:

Name (Print)

Signature

Date

PHOTO CONSENT FORM

CONSENT AND RELEASE

1. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant to FLORIDA INTERNATIONAL UNIVERSITY, its agents including, without limitation, others working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, "Client") the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, picture, likeness, voice, and biographical information, or any material based thereon or derived there from or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.

2. I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect, or use in any composite form of my name, picture, likeness, voice and biographical information.

3. I have the full and exclusive right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part I have not heretofore authorized (which authority is still in effect) nor will I authorize or permit the use of my name, picture, likeness, voice and biographical information in connection with the advertising or promotion of any product or service competitive to or incompatible with those of Client.

Signature

Date

Name (Please Print)

Address

City, State, and Zip Code

Telephone Number

Email

CASE Camp Medical Authorization Form

My child, _____ (camper name), is allergic to _____
(if this is not applicable, please write N/A above).

I, _____ (parent name), would like to request that _____
(medicine type, sunscreen, etc.) be administered to my child. The frequency that this should be given to my
child is _____ (example: once/day or at 2 PM).

Special Instructions for Medication Application or Additional Information

Parent Name (Print): _____

Parent Name (Signature): _____

Camper Name: _____ Camper Age: _____

The logo for Florida International University (FIU) consists of the letters "FIU" in a bold, blue, sans-serif font. The letters are outlined in a dark blue or black color. Below the letters is a thin, horizontal blue line.

**Arts, Sciences
& Education**

CAMPER CODE OF CONDUCT & COVID-19 REGULATIONS

CAMPER CODE OF CONDUCT

Florida International University is dedicated to providing outstanding summer camps for youth. Campers are expected to behave appropriately and promote a safe, fun and healthy environment through productive participation. The staff will use a positive approach to discipline and use parental support to resolve behavior issues and to encourage positive behavior. Participants who remain disruptive after consultation with the parents may be dismissed from the program **with no refund**. Please review the Code of Conduct below with your child so that he/she fully understands the expectations.

As a camper, I am expected to:

- Show respect to other participants, and treat them as well as I would like to be treated
- Show respect to staff and cooperate fully with following their instructions
- Know and follow rules of the camp
- Respect the rights and beliefs of others and treat others with courtesy and consideration
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated
- Use program equipment, supplies, and facilities properly
- Respect the property of others
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action

COVID-19 SAFTEY MEASURES

If there is to be a report of COVID-19 within CASE camp campers, staff or camper parents, CASE camps will move to a **VIRTUAL format**. The virtual format will consist of 3 sessions per day via ZOOM where the campers will engage in activities/labs/crafts that correlate to the CASE camp weekly themes.

If this were to happen, parents will be notified IMMEDIATELY. **There will be NO refunds issued for camp if the format were to be moved to virtual.** Camp will move to the below schedule:

Monday – Friday CASE Camps Virtual Format

10:00 AM – 11:30 AM – Session 1

12:30 PM – 2:00 PM – Session 2

3:00 PM – 4:00 PM – Session 3

Camper Signature

Date

Parent/Guardian Signature

Date

As the parent/guardian of _____, by my signature below, I acknowledge that I have read, understand, and agree to the camper code of conduct and COVID-19 regulations provided to me for CASE Camp Discover or Camp Explore. **I acknowledge that cancellations before July 1, 2021 will be issued a 50% refund. Cancellations after July 1, 2021 will not be eligible for a refund.**

Print Name Legal Parent/Guardian Name

Signature

Date