

RELEASE AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned, the Parent or legal guardian of _____, a minor child, 18 years or younger (My Child) do hereby agree and promise the following for and in consideration of My Child being allowed to participate in The Summer Research Internship Program to be held from June 17th 2018 to August 9th, 2019 in Miami, Florida **and** all activities related thereto (the Program):

My Child’s participation in the Program is voluntary and My Child will participate in the Program because of the learning, cultural and social experiences My Child will gain. I acknowledge that My Child is neither an agent nor representative of FIU and may not look to the University or the State of Florida for reimbursement of expenses. I accept full responsibility on behalf of My Child for all costs and expenses associated with his/her participation in the Program.

The Program will not allow minors to work in certain designated areas and will provide relevant laboratory safety training. I acknowledge that, in the course of the performance of any activities which My Child has voluntarily assumed to perform during this Program, My Child may be exposed to risks, known and unknown, of property damage or loss, as well as personal injury that could be painful, permanently disfiguring or debilitating, including broken bones, partial and/or total paralysis, other ailments that could cause serious disability, and/or death.

I further expressly agree that this Release and Assumption of Risk Agreement is intended to be 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 portions, will continue in full legal force and effect.

I, for myself and on behalf of My Child, his/her heirs, his/her personal representatives and assigns voluntarily agree to release, waive, discharge and relinquish and to indemnify and hold harmless FIU, from and against all claims, suits, or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise from my participation in the Program and its related activities or from personal unrelated activities whether the same should arise by reason of negligence of anyone organizing or participating in the Program or otherwise. I specifically understand that I am releasing, discharging, and waiving any claims or actions on behalf of My Child that I or My Child may have presently or in the future for the negligent acts or other conduct by the FIU. I agree that, under no circumstances, will I, My Child or anyone claiming through me, prosecute or present any claims for personal or bodily injury property damage or loss, or wrongful death against FIU.

I, for myself and on behalf of My Child and any others claiming through me, accept full responsibility for safety and expenses and assume the complete risk of any injury to My Child or My Child’s property which may arise out of or in the course of my participation in this Program.

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’s has no physical condition that would prevent him/her from safely participating in this Program. I give my consent for emergency medical treatment rendered to My Child in the event of injury of illness and agree to be responsible for all costs associated with My Child’s transportation and treatment.

I HAVE READ THE ABOVE RELEASE AND ASSUMPTION OF RISK AGREEMENT AND, BY SIGNING IT, AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE FIU FROM LIABILITY FOR PERSONAL LIABILITY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION.

Signature – Parent/Guardian

Print Name – Parent/Guardian

Date _____