



Florida Atlantic University
Permission and Release of Liability
Pre-collegiate Programs

I _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years.

I would like to have my child participate in the Upward Bound Programs at Florida Atlantic University (FAU).

In consideration for my child being allowed to participate in this PRE-COLLEGIATE PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. I choose to voluntarily allow my child to participate in this PRE-COLLEGIATE PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this PRE- COLLEGIATE PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

I do not have medical insurance, but understand the University is not responsible for medical expenses that may directly or indirectly result from my child's participation in this PRE- COLLEGIATE PROGRAM.

I hereby release, waive, and discharge Florida Atlantic University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in the Upward Bound Programs, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in the Upward Bound Programs.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED HEREIN, AND TO DISCUSS ANY QUESTIONS OR CONCERNS I MAY HAVE WITH THE UNIVERSITY OR ITS AFFILIATE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date

Signature of Parent and/or Legal Guardian

Date