

**Adult In-Person Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form**

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| **Applicable University Sponsored Program:** | | |  | | | |
| **Program Dates:** |  | | | **Program Times:** |  | |
| **Program Location:** | |  | | | | |
| **Program Activities Include:** | |  | | | | |
| **Risks inherent in this Activity include bodily injury or illness due to exposure to infectious diseases, including COVID-19, and:** | | | | | |  |
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I, the undersigned, state that I am seeking to participate in the above referenced Stetson University, Inc. (hereafter “Stetson”) Sponsored Program (hereafter “Program”). I wish to participate in the above referenced Program on the date(s) indicated above and, in consideration for my participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my participation in the Program there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to take part in the Program.

I hereby release Stetson, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury or loss that I may suffer while training, preparing, and/or participating in the Program. This agreement is binding on my heirs and assigns.

I give my permission for and grant Stetson the irrevocable right to interview me and/or record his/her participation in the Program and appearance on video tape, audio tape, film, photograph or any other media, whether now known or hereafter existing (the “Recordings”), use my name, likeness, and/or voice in connection with the Recordings and in keeping with Stetson policies and mission statement, use, reproduce, distribute, publicly display and/or publicly perform, either electronically or by any other media, whether now known or hereafter existing, and to allow others to do the same, my name, likeness or voice, the Recordings, in whole or in part worldwide, without restrictions or limitations, in perpetuity, for any purpose related to Stetson’s mission, including without limitation, promotional or educational. I agree to make no accounting, monetary or other claim against Stetson for use of my name, likeness, voice, or the Recordings.

I furthermore release, indemnify and hold harmless Stetson from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Program.

This RELEASE shall be governed by and construed under the laws of Florida. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child’s participation in any part of the Program, shall be brought only in Volusia County, Florida.

***This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.***

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| --- | --- | --- | --- | --- | --- | --- |
| Participant Signature: | |  | | Date: |  |  |
| Participant Name: |  | | Participant Date of Birth: | |  |  |