

STETSON UNIVERSITY HATS PROGRAM 2012

Informed Consent Agreement and Assumption of Risk – (Form C)

Dear Parent/Guardian: Please read the following carefully, and complete accordingly.

This is to certify that my child, the undersigned: _____, (child's name), age _____, born ____/____/_____, has my full permission to participate in the HATS Program activities that will be held on July 16-20 and/or July 23-27, 2012 at the Stetson University campus in DeLand, Florida.

Assumption of Risk:

I understand that my child's participation in the HATS Program activities, which may include a variety of physical activities both indoors and outdoors, could involve risk of physical injury or illness, and I assume the risks associated with these activities, knowing that despite precautions and supervision, not all risks can be prevented. Such related risks could include, but are not limited to as follows:

Outdoor Activities: Exposure to sun, heat, plants, soil, insects and wildlife

Lab Activities: Exposure to preserved biological subjects, dissection procedures, various chemicals, and materials such as latex gloves, gas burners, sharp utensils or tools, and electronic equipment.

Medical Care/Emergencies

Despite efforts made to provide a safe environment there is always a risk of accident or illness. I thereby grant Stetson University and HATS personnel/ staff full authority to take whatever actions they may consider warranted for my child's health and safety including administering first aide, and to place my child at my own expense, in a medical facility or with a local doctor for emergency medical treatment, and release them from liability for any such decisions or actions. I understand it is my responsibility to provide medical coverage for my child, and/or provide any payments for medical costs that may arise as a result of injuries or illnesses related to HATS Program activities.

Allergies & Medication:

Please notify us in writing of any allergies, dietary concerns, medical restrictions or other special needs. In the case of severe food allergies, it is not possible for us to monitor what other children bring into class. The HATS Program is NOT responsible for administering medication to children. Consult a pediatrician about altering your child's dosage so that medication can be administered outside of class hours.

Photography and Videography:

Stetson University's HATS Program reserves the right to use any photographs, videotaping, or other records of the Program to promote future HATS Programs. By signing the consent agreement, you are granting the HATS Program and Stetson University permission to use these artifacts in promotional media and for archival purposes.

Student Conduct and Supervision:

HATS participants are required to behave in an appropriate manner. Students exhibiting severe or continual disruptive behavior are subject to dismissal with possibility of full or partial tuition forfeiture as determined by HATS Director. Stetson University and the HATS Program staff will not be responsible or liable for supervision of students who are dropped off and/or present on campus/HATS premises before or after normal class hours and pick-up/drop-off timeframes, nor for any non-HATS activities students choose to participate in on their own. I also acknowledge that Stetson University and HATS Staff will not be responsible or liable for damage, theft, or loss of any personal property of students or parents including, but not limited to; electronic equipment, phones or money.

Liability Release:

Furthermore, in consideration of the opportunity to participate in the Stetson HATS Program activities, with full knowledge and appreciation of the risks involved, and full understanding of the above and preceding issues/conditions, I hereby release and hold harmless Stetson University, Inc., its faculty, staff, officers, trustees, representatives, students, chaperones and agents from all manner and causes of actions, claims, suits, or demands of any nature, including injuries (including death), damages, or property loss resulting from my child's participation in the HATS Program and related activities.

Signature of Parent/Guardian

Witnessed By

Print Name

Print Name

Date

Date