



**BARRY UNIVERSITY, INC.  
PARENTAL CONSENT WAIVER AND RELEASE OF LIABILITY  
AND ASSUMPTION OF RISK AGREEMENT**

**Program Name:** Summer Science Camp  
**Dates:** June 8<sup>th</sup> – July 2<sup>nd</sup> 2009

**FOR GOOD AND VALUABLE CONSIDERATION**, including permission for \_\_\_\_\_ (the “minor”) to participate in the **Summer Science Camp** and related activities (“Camp”), I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor’s participating in the Camp
2. Release, waive discharge and relinquish **BARRY UNIVERSITY, INC.** and their officers, employees, students and agents (collectively referred to as “**BARRY**”) from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor’s participation in the event or activity, whether same shall arise by their negligence or otherwise;
3. Assume any and all risks of personal injuries to the minor and authorize **BARRY** to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital.
4. Agree if medical treatment or hospitalization is required, to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor’s or my property, caused by or arising from the minor’s participation in the Camp;
5. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against **BARRY** attributable to the minor’s participation in the Camp;
6. Agree that photographs, pictures, slides, or videos of the minor may be taken in connection with the minor’s participation in the Camp without compensation from **BARRY** and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose; AND
7. Warrant that the minor is in good health and has had no physical condition that would prevent the minor from participation in the Camp.

**IMPORTANT:** THIS DOCUMENT RELIEVES **BARRY UNIVERSITY, INC.** AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND NEVERTHELESS SIGN VOLUNTARILY FOR MYSELF AND MY MINOR CHILD.

PRINTED NAMES SIGNATURES DATE  
(Parent/Guardian)

PRINTED NAMES (Parent/Guardian)	SIGNATURES	DATE
_____	_____	_____
_____	_____	_____