**BARRY UNIVERSITY**

PARENT/GUARDIAN CONSENT, WAIVER, RELEASE OF LIABILITY,

AND ASSUMPTION OF RISK AGREEMENT FOR

**FIELD TRIP**

**FIELD TRIPS**: Shipwreck Cove, Barry University, Flippers Movies \_

**PURPOSE**: Educational Enrichment

**LOCATION**: Shipwreck Cove, Barry University, Flippers Movies

**DATES**: 6/17, 6/24, 7/1, 7/8, 7/15, 7/22, 07/29 TIME: 8:00AM TO 6:00PM

MODE OF TRANSPORTATION:

**SWIMMING INCLUDED: \_\_X\_\_ YES \_\_\_\_\_ NO**

**FOR GOOD AND VALUABLE CONSIDERATION**, including permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“minor child”) to participate in the Field Trip (described above), which includes transportation and may include swimming or water activities (hereinafter collectively referred to as “Field Trip”), I, the parent/guardian of the minor child, for myself and on behalf of my minor child do agree to the following:

1. I have read all materials provided to me regarding the Field Trip, I have asked and received sufficient answers to my questions about the Field Trip, I have made myself familiar with the Field Trip and therefore I consent to my minor child’s participation in the events and activities associated with Barry University’s Field Trip, which may include swimming or water activities;

2. I warrant that my minor child is in good health and has no physical condition that would prevent him/her from safely participating in the Field Trip. If my minor child has any medical, physical or other limitation, I have made the Field Trip’s staff aware of such limitations in writing in advance of my minor child’s participation in the Field Trip;

3. I assume any and all risks of personal injuries to the minor child and authorize Barry Universityto seek out and obtain any medical treatment that may be deemed necessary for the care and well-being of my minor child, including by not limited to emergency medical services, urgent care services, emergency transportation services such as an ambulance, or hospitalization (hereinafter described a “medical treatment”). If any such medical treatment is provided to my minor child, I agree to be responsible for the payment of all bills and expenses related to the provision of such medical treatment to my minor child whether or not I have health insurance;

4. I release, waive, discharge and relinquish Barry University, and its officers, employees, volunteers, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor child’s participation in the Field Trip, a non-commercial, community-oriented activity; and

5. I covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor child against Barry University, and its officers, employees, volunteers and agents which is attributable to the minor’s participation in the Field Trip, a non-commercial, community-oriented activity.

6. I completed the Emergency Contact Information Form when I enrolled my minor child in Camp at Barry University. I agree that if any information has changed since I enrolled my minor child, I will update that information on the Emergency Contact Information Form attached to this form.

**Form B (03/14)**

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Barry University

Field Trip: Parental Consent, Wavier, Release an Assumption of Risk

***OFFICE FILE COPY***

**NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN:**

**(Pursuant to Section 744.301 of Florida Statutes for Commercial Activities)**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF BARRY UNIVERSITY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOU’RE RIGHT TO RECOVER FROM BARRY UNIVERSITY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULT FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BARRY UNIVERSITY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I/We have read this Parent/Guardian Consent for Minor Child’s Participation, Waiver, Release and Assumption of Risk for Field Trip, have the authority to sign on behalf of myself and my minor child, and sign voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address

**Form B (03/14)**

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Barry University

Field Trip: Parental Consent, Wavier, Release an Assumption of Risk

***OFFICE FILE COPY***

BARRY UNIVERSITY

PARENT/GUARDIAN CONSENT TO

**PHOTOGRAPHY/VIDEOTAPING**

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“minor child”), hereby give consent and permission to Barry University, Inc. (“University”) and its staff, employees, agents and volunteers to take and make use of still and digital photographs, pictures, slides, negatives, videotape recordings, television transmissions, motion pictures and voice recordings (“Recordings”) of my minor child and me for promotional, public relations or other legitimate University purposes which may include use of the internet and social media.

I understand and agree that any such Recordings taken of my minor child and me shall be the sole property of the University and that I shall not be entitled to any compensation or remuneration as the result of the use of these Recordings nor will I have any control over the use of such Recordings. I understand that any such Recordings may reveal the identity of my minor child and me through use of the image itself.

I hereby waive any and all present and future claims I may have against the University and its staff, employees, agents and volunteers for use of such Recordings for promotional, public relations or other legitimate University purposes, which may include the use of the internet and social media.

I have read this Parent/Guardian Consent to Photography/Videotaping, have the authority to sign on behalf of my minor child and myself, and sign voluntarily. This consent shall remain valid unless and until revoked in writing.

NAME OF MINOR CHILD (REN) (please print):\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME OF PARENT/GUARDIAN (please print)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date