COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

CONSENT AND RELEASE FOR OFF-CAMPUS COLLEGE STUDENT ACTIVITY

Legal Name: _____
Last First Middle (complete) Jr., etc.

Club/Organization: _____

I hereby consent to the above-named student participating in the following off-campus activity and to be transported in connection with that activity, if necessary.

Type of Activity: _____

Date of Activity: _____

Location: _____

I will assume full responsibility for obtaining information about the activity, including, but not limited to, transportation, location and schedules of activities, equipment requirements, safety procedures, risks specific to the activity and provision for supervision. I agree not to hold College of Central Florida or any of its employees or agents responsible for any injury occurring to the above-named student in the course of such activities or related travel.

I understand that College of Central Florida will make a reasonable effort to contact student's parents if the student is under 18 years of age before medical referral is made and to utilize the physician of the parent's choice. However, in the event of an emergency, the need for prompt action may preclude the college from contacting the parent prior to medical treatment.

I further give my permission for appropriate college staff or their designees to render emergency treatment or authorize medical treatment by hospital and/or physician to the above-named student and agree to hold College of Central Florida and its agents and employees harmless in the administration of such medical assistance. I acknowledge responsibility for the costs of all medical treatment administered.

On behalf of the student, the student's parents, heirs, executors and administrators, I also agree to assume the risks incidental to the student's participation and release and forever discharge College of Central Florida, its employees and its agents of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with his or her participation in such activity and further agree to indemnify and hold each of the parties harmless against any and all liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's and other professional fees and disbursements. The released parties are College of Central Florida, the District Board of Trustees of College of Central Florida and the officers, employees, agents, representative, successors and assigns of each. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the above parties and covers bodily injury (including death) and property damage, whether suffered by the student before, during or after such participation. This agreement shall be binding upon the undersigned and the undersigned's heirs, personal representatives and assigns and shall be governed by the laws of the State of Florida.

I hereby release from liability and hold College of Central Florida harmless from any and all claims and causes of action which might be brought by me or my parents or dependants for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of College of Central Florida. It is understood that College of Central Florida as used herein shall include the employees, administrators, agents and Board of Trustees of College of Central Florida.

_____ _____
Student Signature Date: MM/DD/YY

_____ _____
Parent/Guardian Signature * Date: MM/DD/YY

*Students under the age of 18 are required to have a parent/guardian signature.