



Inventors' Workshop Application

Middle School Students

FSU Panama City STEM Institute
Time: 4:00 - 6:00 p.m.
Dates: Fridays for five weeks
April 26, May 3, May 10, May 17, May 24

Instructor: Dr. Damion Dunlap

The cost for this camp is \$150

(please make check payable to FSU Panama City Foundation)

*Student Name: _____

*School: _____ County: _____

*Gender: _____ Age: _____ Grade: _____

*Parent/Guardian Name: _____

Parent/Guardian Email: _____

*Parent or Guardian Phone/Cell: _____

*Emergency Contact: _____

*Emergency Phone/Cell: _____

*Required Fields

Click **SUBMIT** (below), Emailed glittleton@pc.fsu.edu or Mail your application to:

Florida State University Panama City
Attn: Ginger Littleton
4750 Collegiate Drive
Panama City, FL 32405-1099

For information about the camp, please call Ginger Littleton, (850) 770-2152 or email glittleton@pc.fsu.edu.



FLORIDA STATE UNIVERSITY

LIABILITY WAIVER, VOLUNTARY CONSENT AND RELEASE

Florida State University is required by Florida Statute F.S. 744.301 to inform all parents/guardians of minor students of our waiver of liability policy below. Please note that we will use reasonable care to safeguard your child during this activity that they may have an enjoyable camp experience.

As a parent or guardian of the minor child named _____, I hereby give my permission for my child to participate in the **Inventors Workshop** at Florida State University Panama City to be held on FSU Panama City campus on March 31, 2019. By doing so I assume knowledge of the risks associated with the activities described herein and hereby waive and release liability for any accidents or injuries that may occur during the normal course and scope of the activities, which include hands on activities involving mathematics and will include normal movement in the classroom.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

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 THE FSU BOARD OF TRUSTEES OR ITS AGENTS ("FSU") 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 YOUR RIGHT TO RECOVER FROM FSU IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FSU HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I WILL NOT HOLD FLORIDA STATE UNIVERSITY OR ANY MEMBER OF ITS ADMINISTRATION, FACULTY OR STAFF LIABLE FOR ANY INJURIES RECEIVED WHILE PARTICIPATING IN THE CAMP OR ON THE PREMISES.

In consideration of my child's participation in the Camp and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I, _____ (Name of Parent/Guardian), having actual knowledge and conscious appreciation of the particular dangers involved in the activities described herein, as well as the risk of injury or death caused by the acts of third parties, do voluntarily consent to my child's participation in the aforementioned activities and release, waive, discharge, and hold harmless the Florida State University Board of Trustees ("FSU") and the Florida Board of Governors, and their employees, volunteers and agents, from any and all suits, liability, claims, demands, and/or loss, whether caused by negligence or otherwise, arising from or associated with my child's participation in the Camp, and assume the risks arising therefrom and for my child's failure to follow the camp's policies and staff instructions, such as leaving the camp without permission.

Should routine first aid or medical needs arise such as cuts scrapes, bruises, or lacerations, I consent to treatment necessary to prevent infection and to promote healing (e.g. cleansing and administration of antibiotics) as appropriate under the circumstances. If a major medical emergency or medical trauma occurs, I understand that local clinics, hospitals, emergency rooms, or other providers may be contacted and utilized for medical care. I also understand that emergency medical services may be called immediately by Camp staff in the event of an emergency. Should the Camp or other medical providers be unable to contact me, it is my desire that my child receive treatment that is appropriate under the circumstances, nonetheless.

Having full knowledge and appreciation of all risks associated with the medical treatment and referral of my child in case of injury or illness, I, myself and on behalf of my child, hereby and forever, release, waive, discharge, and hold harmless Florida State University, the Florida State University Board of Trustees, and their employees, volunteers, and agents, from any and all suits, liability, claims, demands, and/or loss, whether caused by negligence or otherwise, arising from or associated with the treatment or referral of my child to the appropriate health care provider. In signing this document, I recognize that additional costs may be incurred as the result of any accident or medical incident involving my child and I will be responsible for such costs, including medical costs, as a result of such accident or injury in connection with the activities associated with my child's participation.

Please list any medical information regarding your child the Camp should be aware of (chronic conditions, allergies, medications, including times and dosages, if applicable).

If your child needs any accommodations to safely participate in the Camp, please explain here:

I do hereby declare and represent that in making, executing and tendering this document, I understand and acknowledge the circumstances involved in my child's participation in the described activities, and that I have read this statement, understood its contents, and executed it on my own free will and choice, and do so to benefit the best interests of my child.

The health history provided for my child is correct to the best of my knowledge and the student herein described has permission to engage in activities, unless otherwise noted by me. I give permission to medical providers and facilities to hospitalize or secure proper treatment for my child as named above.

Photography/Publicity Release (Please initial) _____ **YES** _____ **NO**

I further do hereby consent and agree that Florida State University has the right to utilize photographs, video, or audio of my child (and/or property) taken during the Camp and to use these for educational or promotional materials, including FSU and Camp website. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to FSU all rights to exhibit this work publicly or privately, including posting it on the FSU and Camp website. I waive any rights, claims or interests I may have to control the use of my child's identity or likeness in the photographs, video, or audio, and agree that any uses described herein may be made without compensation or additional consideration.

I represent that I have read and understand the foregoing Liability Waiver, Voluntary Consent and Release, and am competent to execute this agreement.

Please download this form to your desktop. This form may be signed using the Adobe digital signature and then be submitted on-line using the SUBMIT button To learn how to do this visit [Adobe IDs FAQ](#). If you prefer, you may print the form out, sign it, scan it and email it or simply mail it to the address above.

(Signature of parent or guardian)

(Date)