

ACKNOWLEDGMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY FOR  
PARTICIPATION in a UNIVERSITY OF NORTH FLORIDA EVENT FOR MINORS

**(UNF SPONSORED EVENT/CAMP)**

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 UNF 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 UNF 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 UNF HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Participant: \_\_\_\_\_

Participant's Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact if parent or guardian is unavailable: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, as parent or guardian of the above-referenced individual, intend for him/her to participate in the event called

UNF Summer Music Camp ("Activity"), which is sponsored by UNF School of Music

("Sponsor/Organizer/Operator"), scheduled to take place on or about June 15, 2025, and located on the

property of the University of North Florida ("University") or other location (specify) \_\_\_\_\_. The

event consists of the following types of activities (i.e., - transportation, hiking, swimming, etc.): Music Performance

and Music Instruction \_\_\_\_\_. Medical Insurance Information:

This camper/minor is covered by family medical/hospital insurance \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate the insurance provider name: \_\_\_\_\_

I understand that the University of North Florida does NOT provide medical insurance for my child and that I am responsible for providing my own insurance. I should consult my child's physician before allowing my child to participate in this Program/Activity. Initials: \_\_\_\_\_

I acknowledge that I must thoroughly read and understand the information contained in this Acknowledgment, Indemnity, Waiver and Release of Liability ("Release") pertaining to the Activity and the possible risks and hazards that might result from my minor child participating in this Activity.

1. I acknowledge and agree that my child is required to act in a mature and responsible manner at all times during the Activity and further acknowledge and agree that I will be held responsible for my child's behavior and that my child must respect the property of the University of North Florida ("University") and others. Initials: \_\_\_\_\_

2. I acknowledge and agree that my child must observe all state and local laws and University regulations and policies, including those concerning alcohol/drug use and required conduct. I further acknowledge and agree that in the event that I have any questions regarding the applicability of the University's regulations and policies to the Activity, it is my responsibility to make any necessary inquiries to the Activity Sponsor/Organizer/Operator. Additionally, I acknowledge and agree that my child must observe and comply with the specific rules and conditions developed for participation in the Activity by its Sponsor/Organizer/Operator Initials: \_\_\_\_\_

3. I acknowledge and agree that it is my obligation to make any necessary inquiries to the Activity Sponsor/Organizer/Operator regarding my child's ability, physically or otherwise, to safely participate in the Activity and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to my child resulting from his/her participating in the Activity. Any questions I had regarding my child's ability to participate in the Activity have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision for my child to participate in the Activity. Initials: \_\_\_\_\_

4. In exchange for the University allowing my child to participate in the Activity, I give the University the right and permission to record his/her participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property. Initials: \_\_\_\_\_

**5. Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability:**

(a) In exchange for the Activity Sponsor/Organizer/Operator making arrangements for, permitting my child to and assisting him/her in participating in the Activity, I hereby assume all risks of my child's participation in the Activity. Risks include, but are not limited to, transportation risks, risks of participation in the various components of the Activity, and all risks related to any physical or other condition from which my child might suffer. I acknowledge that the University and/or Activity Sponsor/Organizer/Operator does **not** provide personal accident/health insurance for my child, and I assume personal and financial responsibility for any medical care and treatment my child may require as the result of participating in the Activity.

(b) I acknowledge and agree that sponsor/organizer/operator will not provide medical personnel at the location of the Activity. In the case of accident or illness, I hereby authorize the Program/Activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I acknowledge that I am solely responsible for any hospital, physician or other costs arising out of any bodily injury or property damage sustained by my child or through my child's participation in such voluntary Program/Activity. I further acknowledge that such action by the Activity Sponsor/Organizer/Operator is subject to the terms of this Release.

(c) In exchange for the University and the Activity Sponsor/Organizer/Operator allowing my child to participate in the Activity and having reviewed and agreed to all acknowledgments listed in paragraphs 1 through 5(b) of this Release as detailed above, I, on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my child participating in the Activity. I release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives, including the Activity Sponsor/Organizer/Operator ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by my child, whether caused by his/her action or negligence or the action or negligence of Releasees or third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such

harm, loss, damage, or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my child's participation in the Activity. Initials: \_\_\_\_\_

6. I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Jacksonville, Duval County, Florida. Initials: \_\_\_\_\_

I have read, understand, and acknowledge that through initialing each of the six (6) sections above in this three page Release, that I must comply with the information and directions and intend to be bound by the terms contained in this Release and I have voluntarily executed the Release.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date