

Student's Information

Name (last, first)_____

Date of Birth ____/____/____

Known Allergies_____

Diet Considerations_____

Special Accommodations_____

T-Shirt size _____ Planning to park on campus? Y or N

Parent's or Legal Guardian's Information

Name (last, first)_____

Relationship to child _____

Telephone (home)_____ (work)_____

(mobile)_____

E-mail address_____

Liability Release and Parental Consent Form

In consideration of the acceptances of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance University of Central Florida, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental Consent (Complete if applicant is under 18)

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the University of Central Florida will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

Waiver and Release Form for ___OCTET ___ BIOTEC 2016

Parent's consent to attend and commit

I give my permission for my child to attend (OCTET/BIOTEC) (circle one or both) at the University of Central Florida on the dates indicated in the schedule. I also commit to look after the continuous attendance of my child to (OCTET/BIOTEC) on every day indicated in the attached schedule. I understand that due to the importance of continuity at (OCTET/BIOTEC) my child's participation is required at each session and that if more than one day of camp is missed my child will be disqualified from further participation unless proper medical justification is provided.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature **Print Name** **Date**

Student Signature **Print Name** **Date**