



# UNIVERSITY OF CENTRAL FLORIDA

## Youth Protection Program

### Youth Program Activity Parental Acknowledgement, Assumption of Risk, Release and Waiver of Liability

Program/Activity Name \_\_\_\_\_

Program/Activity Date(s) \_\_\_\_\_

Personal Information (please print)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

#### **PLEASE READ, PARENTAL PERMISSION AGREEMENT, ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY CAREFULLY.**

In consideration for my child's participation in the activities associated with the above-named Program/Activity, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes The above named PROGRAM, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH**, that may be sustained by my child or me while my child participates in the youth program/activity, whether caused by RELEASEES' negligence or otherwise, or while on the premises owned or leased by RELEASEES.

I acknowledge that I am responsible for the supervision of my child at all times during the program activities, and the University of Central Florida and/or the Program/Activity employees and/or volunteers will not provide supervision during the program activities or while on university property should I choose to leave the program's location during the program/activity time(s). Furthermore, the RELEASEES assume no liability and I will be responsible for any accident, injury, or damage to persons and/or property that occur as a result of my child's or my actions or behavior.

Parental Acknowledgement and Waiver of Liability Form (Pg. 2 of 2)

Program/Activity: \_\_\_\_\_

Program/Activity Date(s): \_\_\_\_\_

**Parent/Guardian:** I have read and understand the **Terms and Conditions** for the above-named Program/Activity. I grant my child, \_\_\_\_\_, permission to participate in the activities of the above-named Program/Activity during which time I will assume full responsibility for my child's and my actions and behavior.

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_