

RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK
(MINORS – OFF CAMPUS ACTIVITIES OR EVENTS)

I, the undersigned, am the parent or legal guardian of _____, a minor child, younger than 18 years of age, (“My Child”), whose address is _____. I acknowledge that My Child has been provided with the opportunity to participate in the following program: _____, presented by _____ (“FIU”), which shall take place at the following location: _____ occurring on _____ (the “Program”).

I hereby release FIU from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I or My Child may have from liability for any violation of any personal or proprietary right I or My Child may have in connection with the use of My Child’s likeness, voice, or name in any medium, and expressly waive any rights to privacy I or My Child may have under the Family Educational Rights and Privacy Act (“FERPA”), §1002.22, Fla. Stat., and/or any other applicable law.

I acknowledge that I am aware of risks and hazards connected with My Child’s Program and its related activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or My Child. I acknowledge that My Child’s participation in My Child’s Program is purely optional and that My Child is freely and voluntarily participating in the program, despite any such risks and hazards.

I understand that part of the risk involved in undertaking any activity is relative to My Child’s own state of fitness. I acknowledge that My Child has no physical condition that would prevent him/her from safely participating in these activities. I give my consent for emergency medical treatment rendered to My Child in the event of injury or illness and agree to be responsible for all costs associated with My Child’s transportation and treatment.

I acknowledge the risk that My Child may have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions or diseases does exist, and that it is impossible to eliminate the risk that My Child could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I knowingly and voluntarily assume all risks related to My Child’s exposure to COVID-19 or other medical conditions or diseases.

I, for myself, for My Child, My Child’s heirs, executors, administrators and assigns, hereby release, waive, relinquish, and forever discharge and hold harmless FIU, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, and their respective officers, directors, employees, representatives, trustees, agents, students and volunteers (collectively, “FIU PARTIES”) from any and all claims, demands, damages, actions and causes of action, including, but not limited to, claims, demands, damages, actions and causes of actions for personal or bodily injury, damage or loss of property, or wrongful death, which I, My Child, My Child’s heirs, executors, administrators, and/or assigns have or may ever have arising out of, by reason of, or in any manner related to My Child’s participation in the Program and its related activities, whether the same should arise by reason of negligence of FIU PARTIES or anyone organizing or participating in the activity or otherwise or in any way whatsoever or howsoever caused by the negligence of FIU PARTIES. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts of or other conduct by FIU PARTIES.

Further, I hereby agree that under no circumstances will I, for myself, for My Child, My Child's heirs, executors, administrators and/or assigns, prosecute or present any claim for personal or bodily injury, damage or loss of property, or wrongful death against any or all of FIU PARTIES. It is my intention by this instrument to exempt and relieve FIU PARTIES from any and all liability arising out of My Child's participation in the Program, including, but not limited to, liability for personal or bodily injury, damage or loss of property, or wrongful death.

I further expressly agree that this Release, Waiver of Liability and Assumption of Risk is intended to be as broad and as inclusive as the laws of the State of Florida will allow, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.

I further represent and state that I am not relying on any oral or written representation or statements made by FIU. I further agree that this Release, Waiver of Liability and Assumption of Risk shall be governed by and interpreted in accordance with the laws of the State of Florida.

In signing this Release, Waiver of Liability and Assumption of Risk, I acknowledge and represent: (i) that I have read and understand it; (ii) that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) that I am giving up substantial rights by signing it; and (iv) that I am at least eighteen (18) years of age and fully competent. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

I HAVE READ THE ABOVE RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND, BY SIGNING IT, VOLUNTARILY AGREE TO BE BOUND BY IT, AND AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE FIU FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION.

Parent or Legal Guardian for _____

Name (Print)

Signature

Date