I, ___________________________ as the parent or legal guardian of __________________________ (hereinafter referred to as The Participant), confirm that my son or daughter will participate in the 57th Annual Student Science Training Program (hereinafter referred to as UF SSTP) to be held at the University of Florida June 7 through July 25, 2015, and hereby agree to the following conditions of my son or daughter's participation (please initial next to each number confirming you have read and understood the terms):

1.) The UF SSTP is a seven-week residential program. The Participant is required to arrive by 1:00 pm on Sunday, June 7th, attend for the full duration of the program including weekends, and depart by noon on Sunday, July 25th.

2.) Time out for other activities will not be permitted (examples of such activities include, but are not limited to, band camp, cheerleading camp, Boys State or Girls State, Mu Alpha Theta or other academic competitions, State Exams, etc.).

3.) I understand that as the guardian to The Participant I am responsible for:
   a.) any portion of the fees which financial awards do not cover;
   b.) residence hall damages
   c.) residence hall cleaning charges incurred by The Participant at a rate of $50.00 or more per participant;
   d.) lost books and/or library fines incurred for books checked out to The Participant;
   e.) printing services rendered by The Participant
   f.) medical treatment and medications for pre-existing conditions; medical treatment, and medications not covered by the UF insurance policy carrier;
   g.) any other costs incurred by The Participant which are not the express responsibility of the UF SSTP.

4.) I understand that, if necessary, The Participant may cancel his or her participation in the UF SSTP by submitting a written statement to the Coordinator of the UF SSTP. Program fees paid will be refunded less the $300 non-refundable deposit. No refunds will be given for cancellations, withdrawals or dismissals after 5:00 pm on Friday April 24, 2015.

5.) I understand that The Participant is required to understand and follow all guidelines and regulations that are established by The Participant's laboratory host. The Participant is required to participate in all laboratory training and must comply with all safety and protocol guidelines and regulations established verbally or in writing by the University of Florida, UF SSTP, and the laboratory host.

6.) I understand that The Participant will be assigned a faculty mentor and will participate in the on-going research of the mentor’s lab, as determined by the mentor, for up to 30 hours each week. I understand that The Participant will be placed individually in the research lab (typically, one student per lab) and may work with faculty, lab managers and staff, post-doctoral students, graduate students, and undergraduate students during the UF SSTP experience.

7.) I understand and accept that lab assignments may not be changed without due cause and that The Participant has agreed to accept his/her lab assignment and participate fully. I understand that The Participant will attend laboratory training and will be required to abide by all University of Florida, UF SSTP, and laboratory rules, including written, posted, and verbal instructions.

8.) I understand that as a part of the laboratory experience, The Participant may have the opportunity to ride in a University of Florida vehicle driven by or a personal vehicle belonging to laboratory members including but not limited to, faculty, staff, students and volunteers (hereinafter referred to as Laboratory Transportation). I hereby give my permission for The Participant to use Laboratory Transportation during the UF SSTP in conjunction with laboratory research and related purposes, including pre-professional development, and assume all risks and hazards incidental to the activity.

OVER
9) I understand that participants in the UF SSTP may be assigned to laboratories where animal observation or contact may be a part of the research experience; I do hereby give my permission for The Participant to be assigned to laboratories with animal contact. I understand that laboratories where animal research is conducted are under the guidelines of the University of Florida Environmental Health and Safety Office and the Institutional Animal Care and use Committee. If The Participant is assigned to a laboratory where animal contact is part of the research experience, I will complete a Risk Assessment for Animal Contact Form on behalf of The Participant as required by the University of Florida Environmental Health and Safety Office. I understand that completion of said form will require a review of The Participant’s medical records by a University of Florida Student Health Care Center physician.

10) I understand that participants may have the opportunity to view donated human anatomical specimens as a class activity or as a supplemental activity for the UF SSTP. I grant permission for The Participant to attend such activities and affirm that my child will treat the donated human anatomical specimens with the utmost respect at all times. I grant permission for my child to sign a document certifying said affirmation.

11) I understand that swimming pool facilities and open water recreational activities will be available to participants in the UF SSTP. I hereby give my permission for The Participant to use the swimming pool facilities and participate in open water recreational activities during the UF SSTP, and assume all the risks and hazards incidental to the activity.

12) I understand The Participant may not travel in the personal vehicle of anyone other than his/her guardian, UF SSTP employees for program-related purposes, or Laboratory Transportation without the express written or verbal consent of his/her guardian. By granting express written or verbal consent for The Participant to travel in the personal vehicle of someone not listed above, I assume all the risks and hazards thereof.

I understand it is the responsibility of The Participant to know and to abide by the consent provided by the guardian. I understand the UF SSTP will assist The Participant by maintaining a list of all persons with whom The Participant may travel. I release the UF SSTP of all requirements and liability for confirming with whom The Participant is traveling.

13) I further understand that it is both my responsibility and that of The Participant to read and understand the UF SSTP Rules and Regulations as established by Center for Precollegiate Education and Training and the University of Florida prior to the commencement of the UF SSTP. Violation of these Rules and Regulations may result in disciplinary action and sanctions including, but not limited to, suspension or expulsion from the SSTP. Examples of conduct that may result in suspension or expulsion from the UF SSTP may include, but are not limited to, the following:

a.) disruptive or disorderly conduct;

b.) engaging in conduct which is committed with disregard of the possible harm to an individual or group, or which results in an injury to an individual;

c.) failing to follow University of Florida or laboratory guidelines and regulations;

d.) use, possession, or delivery of any alcoholic beverages, firearms or other weapons, illegal drugs, and/or other illegal or potentially hazardous substances/materials; and/or

e.) violation of any Rules of the University of Florida, Board of Trustees, municipal ordinances, laws of the State of Florida, or laws of the United States.

If the Director of the UF SSTP, or the Director's Designee, reasonably believes that The Participant has engaged in conduct that is in violation of the UF SSTP Rules and Regulations, The Participant will be notified of the alleged violation and be given an opportunity to respond to the allegations in a meeting with the Director or the Director's Designee prior to the Director's or the Designee's final determination. In all instances, the Director or the Designee's final determination regarding any violation of the UF SSTP Rules and Regulations including the imposition of sanctions shall be conclusive and binding.

If the Director or the Director's Designee determines that the participant will be suspended or expelled from the UF SSTP, The Participant’s parent or legal guardian will be immediately contacted and will be required to either pick up The Participant from the University of Florida or to make arrangements for The Participant to return home immediately. In the event The Participant is suspended or expelled for violating a provision of the UF SSTP Rules and Regulations, The Participant will not be entitled to a refund of any monies paid to the UF SSTP.
RELEASE OF LIABILITY: In consideration of the benefits to be derived from participating in the UF SSTP, I, the parent or legal guardian of The Participant, both personally and on behalf of The Participant, and for our respective estates, heirs, administrators, executors, and assigns hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Student Science Training Program, the University of Florida Board of Trustees, the Center for Precollegiate Education and Training, the Board of Governors of the State of Florida, the State Board of Education of the State of Florida, the Department of Education of the State of Florida, the State of Florida, their officers, directors, servants, agents or employees (hereinafter referred to as The Releasees) from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained by The Participant or The Participant's property during and/or as a result of the participation of The Participant in the 57th Annual UF SSTP, including all related travel and transportation.

I fully understand that there are potential risks and hazards associated with The Participant's participation in the UF SSTP, including, but not limited to, possible injury or loss of life. Despite the potential risks and hazards associated with The Participant's participation in the UF SSTP and related travel, I, individually and on The Participant's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the UF SSTP that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I acknowledge that The Participant is freely and voluntarily participating in the UF SSTP and that his or her participation is not required.

I further hereby agree to indemnify and hold harmless The Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that The Releasees may incur as a proximate result of any negligent or deliberate act or omission by The Participant during his or her participation in the UF SSTP.

In signing this agreement, I acknowledge and represent that I have read it and that I understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of The Participant.

Signature of Parent or Guardian  

Signature of Parent or Guardian  

Before me, the undersigned, duly authorized to administer oaths and take acknowledgments, personally appeared all of the above persons who, having fully sworn, on oath depose and say that they have read and understand the foregoing. If this document is being signed by only one parent or guardian, acknowledgment was made to me that this parent or guardian is legally designated as possessing sole custody of the participant.

Sworn to and subscribed before me this __________ day of __________________________, 2015

at __________________________ in __________________________ County, State of __________________________

[ ] Personally known to me or

[ ] Produced Identification; Type of Identification: __________________________

Notary Public Signature __________________________

(SEAL)

My Commission Expires: __________________________