

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION,  
AND HEALTH CARE AUTHORIZATION**

As the parent or legal guardian of the above student, who is a minor child under the age of eighteen (18) (hereinafter "my Child"), and in exchange for the benefits to be derived by my Child's participation in Santa Fe College's College for Kids ("Program"), I hereby agree, on behalf of myself and my Child, to the following:

**ASSUMPTION OF RISK:** I hereby grant my permission for my Child to participate in the Program, which will include classes and sports. I understand that I am responsible for all transportation. I am fully aware of the risks connected with my Child's participation in the Program, and hereby elect to allow my Child to voluntarily participate in the Program, knowing that the Program may pose risks, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. On behalf of myself and my Child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my Child, or any loss or damage to property owned by myself or my Child, as a result of my Child being engaged in the Program, WHETHER CAUSED BY THE NEGLIGENCE OF SANTA FE COLLEGE, ITS EMPLOYEES, VOLUNTEERS, AGENTS, or otherwise.

**RELEASE OF LIABILITY:** On behalf of myself and my Child, as well as our respective estates, heirs, administrators, executors, and assigns, I hereby RELEASE and DISCHARGE the District Board of Trustees of Santa Fe College, Florida, and the State of Florida and their respective trustees, employees, agents, and assigns (hereinafter "RELEASEES") from any and all liability, arising out of any loss, damage, or injury, including death, that may be sustained by me, or my Child, to any property belonging to me or my Child, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my Child's participation in said Program, including such loss, damage, injury or death that may result from RELEASEES' own negligence or otherwise, and I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

**INDEMNIFICATION:** I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the RELEASEES and each of them, from any loss, liability, damage or costs, including court costs and attorneys' fees, they may incur as a result of any claims, demands, actions, causes of action, damages, or judgments, which arise out of, occur during, or are in any way connected with my Child's participation in the Program or any related travel or activities.

**LAW AND VENUE:** I hereby further agree that this document shall be construed in accordance with the laws of the State of Florida, and that venue shall be in Alachua County, Florida. If any portion hereof is held invalid, the balance hereof shall continue in full force and effect.

**HEALTH CARE AUTHORIZATION:** I authorize Santa Fe College to perform any acts which may be necessary or proper to provide emergency health care to my Child in the event that I and/or the emergency contact listed above cannot be reached, including consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. I understand that I am responsible for all costs and expenses of such medical treatment.

In signing this agreement, I acknowledge and represent that I have read and 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 my Child.

Child's Printed Name/Date of birth \_\_\_\_\_/\_\_\_\_\_

Child's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

***\* Santa Fe College will keep this form on file for future reference. Please notify Santa Fe College staff of any changes to the above information.***