

**Florida State University - Campus Recreation/Reservation
Statement of Informed Voluntary Consent
and General Release**

(For Individual Participant Signature or Parent/Guardian if participant is under age 18)

In consideration of my or my minor child's participation in The Florida State University's **Camp Flastacowo** and having actual knowledge and appreciation of the particulars of the program and those risks involved in summer camp, I voluntarily consent to my participation in the program, and assume the risks arising therefrom.

In consenting to my participation, I also acknowledge that **Florida State University Camp Flastacowo Staff** regarding activity, skills, risks, and specific guidelines associated therewith, as outlined in the following summary has advised me.

"I HEREBY CONSENT, declare and represent, as evidenced by my signature below, that I am on notice that The Florida State University has insurance to cover me, or in the event that the undersigned is under eighteen years of age, in the event of injury or death and specifically release and hold harmless The Florida State University Campus Recreation, The Florida Board of Trustees, employees, and personnel from any and all liability connected with this activity and assume all risks, liabilities and responsibilities for any and all accidents, injury or property loss arising therefrom, and it has been strongly recommended to me that I obtain medical insurance prior to the aforementioned activities.

Finally, I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the described activity, and that I have read this statement, understood its contents and executed it of my free will and choice."

I acknowledge that I am in good physical condition and do not have a problem, which would preclude my participation in the activities as a consequence of any and all injury, loss or damage, directly or indirectly sustained by me through my participation in the aforementioned activity.

Witness:	Signature:	Date:
_____ Staff Member or Notary	_____ Parent or Guardian (If participant is under 18)	_____ MM/DD/YYYY
_____ Participant Name		

Photo/Media Release:

I _____ grant FSU Reservation Camp Flastacowo and persons acting for or through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of my child for use in materials they may create.

Date: _____ Signature: _____