

2025 Statement of Voluntary Consent

READ THIS FORM CAREFULLY.

(IT MUST BE FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN FOR YOUTH UNDER 18)

Section I: General Liability Release and Indemnity

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FLORIDA STATE UNIVERSITY SUMMER MUSIC CAMPS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE STATE OF FLORIDA, FLORIDA STATE UNIVERSITY, IT'S BOARD OF TRUSTEES AND IT'S SUMMER MUSIC CAMPS ["RELEASED PARTIES"] IN A LAWSUIT OR ANY OTHER CLAIM FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A PART OF THE CAMP ACTIVITY AND PARTICIPATION. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE FLORIDA STATE UNIVERSITY SUMMER MUSIC CAMPS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration of my child's participation in Florida State University Summer Music Camps ("Camps") and for other good and consideration received by me, receipt of which is hereby acknowledged, I, having actual knowledge and conscious appreciation of the particular dangers involved in the activities described herein, including, but not limited to sports and recreation activities which may include trips by motor vehicle away from the Florida State University campus, do voluntarily consent to my Child's participation in the aforementioned activities and release, and assume the risks arising therefrom and for my child's failure to follow the camp's policies and instructions, such as leaving the camp without permission. Furthermore, specifically with reference to contagious diseases, I do voluntarily consent to my Child's participation in the Camps in a physical face-to-face context and not remotely. I have actual knowledge and conscious appreciation of the dangers and risks inherent in a physical face-to-face camp experience within the circumstances of COVID-19 and other contagious diseases and assume such risks for me and on behalf of my child. As to all such assumed risks and camp related activities, I hold harmless and release and forever discharge the State of Florida, Florida State University, the Florida State University Board of Trustees and Board of Governors, the Camps, and their respective officers, officials, employees, agents and successors (collectively, the "Released Parties"), from any and all claims and demands whatsoever, which I or anyone acting on my behalf or represented by or through me or on behalf of my child, has, had or may have against the Released Parties. This release and waiver are intended to cover all claims by reason of any accident, illness, injury, hospitalization, death, property loss or damage or any other consequences arising or directly or indirectly from any or all of my Child's participation in the Camps activities. I fully understand and acknowledge by my signature, that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my Child's participation in the above-described Camps and that I have read this statement, understand its contents, and execute it of my own free will and choice with the intent to be legally bound thereby. I acknowledge that I am aware of the Camps protocols and requirements which are guided by Center for Disease Control recommendations related to COVID-19 and agree to my Child's compliance with those protocols and the use of Personal Protective Equipment (PPE).

Section II: Medical Treatments

I am fully aware that the employees of The Florida State University Summer Music Camps are not medical health

professionals and are not responsible for making medical decisions on behalf of my child. I hereby declare and represent that I am aware that for students aged 12 and under, and for students without insurance, The Florida State University Health Services Health and Wellness Center (“Health Center”) is not available and that any necessary medical treatment for students 12 and under would be administered at a local urgent care facility or hospital. I hereby declare and represent that I am aware that Health Center, local urgent care facilities, or hospital may be utilized for insured students aged 13 and older, if necessary, for the treatment of certain injuries and illnesses which might arise out of the above-described activities, and I do fully consent to the Health Center providing such treatment. I understand that the treatment would involve the administering of appropriate medication or drugs. I do understand that generally, the administering of proper medication or drugs is preferable to leaving the condition untreated; and that violent reaction to medication or drugs could occur. Should routine first-aid or emergency medical needs arise such as cuts, scrapes, bruises, or lacerations, I consent to treatment necessary to prevent infection and promote healing. This would involve, as a matter of accepted medical practice in the community, cleansing and use of topical antibiotic cream/ointment, as appropriate under the circumstances. Regarding major emergencies or medical traumas, I understand that the Health Center professional staff would provide whatever care or treatment they reasonably could and would refer to the appropriate physician/facility the further treatment of such. Should the Health Center be unable to contact me, it is my desire that my child receive such treatment, nonetheless, and I will hold the Health Center harmless such treatment or referral.

Being fully aware of the hazards and possible consequences involved in treatment of the above-described routine and major emergency conditions I, being legally competent to give consent, hereby consent to such treatment and agree to hold the Health Center, The Florida State University, and The Florida Board of Governors, their employees and agents, free and harmless from any claims, demands, suits, or damages from any injury or complications whatever which may result from such treatment. In signing this Voluntary Consent, I recognize that additional costs may be incurred as the result of any accident or medical incident involving my child and I will be responsible for such costs, including medical costs, as a result of such accident or injury in connection with the activities associated with my child’s participation.

Section III: Medications

I hereby declare and represent that I am aware that employees of The Florida State University Summer Music Camps dormitory staff may administer medications as directed by me or my child’s physician. I am fully aware that it is my responsibility to provide exact medication information and ample medication at the start of Camp, to provide Camp with updates and/or changes to medication usage and/or dosage for my child, and to ensure that all medications are in original packaging and have been given to the counselor on the first day of camp. I hereby declare and represent that The Florida State University Summer Music Camps reserves the right to have medication administered by the Health Center if necessary.

I may request that my child be permitted to keep his/her medications on their person or in their room at camp rather than turning the medications over to camp staff for administration. In doing so, I understand and agree that my child will be solely responsible for these medications and for taking them as directed. I understand and agree that my child is not permitted to provide any medications to other camper(s) and doing so may result in dismissal from camp. I understand and agree that camp staff will not be involved at all with the administration of any medications to my child. I understand that it is recommended that I provide camp staff with a list of the medications my child will have in their possession in case of emergency.

Being fully aware of the hazards and possible consequences involved in the administration of the above-described medications I, being legally competent to give consent, hereby consent to such administration and agree to hold the Health Center, The Florida State University, and The Florida Board of Governors, their employees and agents, free and harmless from any claims, demands, suits, or damages from any injury or complications whatever which may result from such treatment.

Section IV: Photo and Likeness Release

I do hereby consent and agree that the Camp and FSU have the right to utilize photographs or video or audio of Child (and/or property) taken during the Camp program and to use these for educational, promotional or commercial materials, including FSU, Camp web sites and social networking pages. I further consent that Child's name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to FSU all rights to exhibit this work publicly or privately, including posting it on the FSU and Camp web site. I waive any rights, claims, or interests I may have to control the use of Child's identity or likeness in the photographs, video, or audio, in perpetuity and agree that any uses described herein may be made without compensation or additional consideration.

Section V: Research Participation

I do hereby consent and agree that the Camp and FSU have the right to offer my Child the option to participate in one or more research studies during the Camp program. I understand and acknowledge that studies are in the form of written or electronic surveys, and that all surveys would be used for educational purposes by the Camp, The Florida State University, The Florida Board of Governors, their employees, and agents. I understand and acknowledge that all surveys are anonymous, that participation by my child is optional, and that participation in the study poses no foreseeable risks. I understand and acknowledge that any information gathered from my child will remain confidential, and surveys will take less than ten minutes to administer. I waive any rights, claims, or interests I may have to the information in the survey, in perpetuity and agree that any uses described herein may be made without compensation or additional consideration.

Parent/Guardian Signature

I do hereby declare and represent that in making, executing, and tendering this Voluntary Consent, I understand and acknowledge the circumstances involved in my child's participation in the described activities, and that I have read this statement, understood its contents, and executed it on my own free will and choice, and do so to benefit the best interests of my child. I represent that I have read and the foregoing statement and am competent to execute this agreement. (Youth under 18 must have parent signature)

Signature: _____

Print Name: _____