**Florida Polytechnic University**

**Release, Waiver of Liability and Indemnification Agreement**

I, the undersigned, hereby release the Florida Polytechnic University Board of Trustees and those acting under their authority from any liability related to the **Laboratory visits or**  events at Florida Polytechnic University.

In consideration of the permission granted by the Florida Polytechnic University Board of Trustees to participate in a Laboratory visit , I do hereby release the State of Florida, Florida Polytechnic University Board of Trustees, the Florida Polytechnic University, as well as the agents, employees and members of the aforementioned, from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against any and all of the aforementioned for any and all personal injuries, known or unknown, which I have or may incur during my participation in **Laboratory visit** and related activities and for all damage to my property.

I realize that I participate in the **Laboratory visit** and related activities at my own risk, and I am responsible for any injuries to myself and persons or property which may be incurred in connection with my participation. I hereby agree to indemnify and save and hold harmless the State of Florida, Florida Polytechnic University Board of Trustees, the Florida Polytechnic University, as well as the agents, employees, and members of the aforementioned from any loss, liability, damage or cost that they may incur due to my participation.

I hereby agree to abide by any policies, rules and regulations governing the activity. **Minors must be accompanied and supervised by an adult.**

I expressly agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, hereby consent to the use by the Florida Polytechnic University (“the University”), and those acting with permission and authority of the University, of all photographs, videotape, or other images or recordings that the University has taken of me or in which I may be included, for all purposes, in any and all media including the Internet, without limitation, including promotion, solicitation, advertising or trade.

I am fully aware that my likeness may appear in materials available to students, parents, faculty, or staff of the University, and individuals outside of the University community.

I hereby waive any right to inspect or approve the finished images or other content, including advertising copy or printed matter, in which they may be used.

I understand that any distribution of the images will be fully compliant with the University policies, statements and values.

I release the University and those acting under their authority from any liability related to the alteration, intentional or otherwise, that may occur in connection with the processing, editing, transmission, display or publication of the images, and understand that images may be cropped or altered for purposes of illustration.

I understand that all images in which I participate, including film, photographic prints, digital files, or video are the exclusive property of the University and I grant to the University the unrestricted right to copyright, publish and re-publish the images.

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PRINT NAME DATE

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PRINT NAME OF PARENT/GUARDIAN (IF MINOR RELEASE) AGE (IF MINOR) Parent/legal guardian warrants and represents that he/she has the full legal capacity to consent to the shoot and to execute this release.

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SIGNATURE TELEPHONE EMAIL

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME of **Emergency Contact** Emergency Contact’s phone number