

**SANTA FE COLLEGE  
MINOR STUDENT INFORMATION & LIABILITY WAIVER AGREEMENT**

Name of Student (s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent (s) / Guardian (s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Phone (Work): \_\_\_\_\_  
Cell / Pager: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact and Ph: \_\_\_\_\_

**RELEASE AND WAIVER:** 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 this Program, I hereby agree, on behalf of myself and my Child, to the following:

I hereby grant my permission for my Child to participate in the Program. 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.**

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.

**FURTHER REPRESENTATIONS AND ACKNOWLEDGEMENTS:** I hereby further agree that this Santa Fe College Program Minor Student Information & Liability Waiver Agreement 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.

I, on behalf of my Child, agree to abide by all rules and regulations of Santa Fe College, including the Student Conduct Code. I agree RELEASEES have the right to terminate my Child's participation in the Program if merited by my Child's behavior; I agree to pay all expenses incurred by my Child's behavior, including travel, medical, and attorney's fees.

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.

**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.

I \_\_\_give/ \_\_\_do not give permission to photograph my child for educational and/or promotional purposes.

Child's Printed Name \_\_\_\_\_

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.*