



GROUP TOUR AT THE UNIVERSITY OF MIAMI ROSENSTIEL SCHOOL

**CONSENT, WAIVER AND RELEASE AGREEMENT
 PLEASE READ CAREFULLY**

IN CONSIDERATION for my child being permitted to participate in the Rosenstiel School Group Tour being held at the Rosenstiel School of Marine, Atmospheric & Earth Science at the University of Miami on _____ [DATE]. I, _____ [PARENT'S FIRST & LAST NAME], as the parent or legal guardian of _____, hereby agree as follows:

1. I acknowledge and expressly consent to my child's participation in the Rosenstiel School Group Tour. I understand that my child's participation and presence may expose my child to risks and dangers, including inherent risks and risks arising from my child's actions or the actions or negligence of others. I fully assume and accept these risks on behalf of my child, including the possibility of damage or loss of personal property, personal injury, or death.
2. I understand that my child's participation is voluntary and agree that my child is responsible for acting within the limits of his or her abilities, following all instructions and warnings, maintaining control of his or her conduct and any personal equipment or devices, and refraining from actions that may cause harm to my child or others.
3. On behalf of my child, myself, and our respective family members, heirs, executors, administrators, and personal representatives, I hereby release, waive, indemnify, and hold harmless the University of Miami, its trustees, officers, directors, employees, faculty, students, volunteers, agents, and representatives (collectively, the "University") from any and all claims, demands, damages, losses, liabilities, causes of action, or suits of any kind, whether in law or equity, arising out of or related to my child's participation in the Rosenstiel School Group Tour, including claims arising from the negligence of my child, myself, the University, or any third party. This Agreement applies regardless of whether the University is at fault.
4. I understand that medical personnel may not be available at the location of the Rosenstiel School Group Tour. I authorize the University to obtain emergency medical treatment for my child if necessary and agree that the University assumes no responsibility for any injury or damage resulting from such authorized medical treatment.
5. This Agreement is executed for the benefit of the University and its employees, agents, officials, faculty, students, volunteers, and representatives, whether paid or unpaid, who are deemed third-party beneficiaries. This Agreement is binding upon me, my child, and our respective heirs, executors, administrators, successors, and assigns.
6. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, and any dispute arising out of or relating to this Agreement shall be brought exclusively in a court of competent jurisdiction located in Miami-Dade County, Florida.
7. I certify that I am the parent or legal guardian of the minor named above, that I am over eighteen (18) years of age, that I have read and understand this Agreement, and that I voluntarily agree to be bound by its terms on behalf of myself and my child.

I UNDERSTAND THAT THERE ARE RISKS OF INJURY INVOLVED IN MY CHILD'S PARTICIPATION IN THE ROSENSTIEL SCHOOL GROUP TOUR AND MY CHILD AND I VOLUNTARILY ASSUME SUCH RISK. IT IS MY INTENTION BY SIGNING THIS CONSENT, WAIVER AND RELEASE AGREEMENT TO EXEMPT AND RELIEVE THE UNIVERSITY OF MIAMI FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY MY NEGLIGENCE, MY CHILD'S NEGLIGENCE, OR THE NEGLIGENCE OF ANY OTHER PERSON(S) PARTICIPATING IN, OR AFFILIATED WITH, ROSENSTIEL SCHOOL GROUP TOUR.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Child's Name

Address

In the event of an emergency, please contact:

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

Photography and Filming Release

I, _____ (Parent/Guardian), as parent or legal guardian of
_____ (Minor Participant), give permission for my child(ren) and
myself to be photographed, filmed, or otherwise recorded by the Rosenstiel School of Marine, Atmospheric
& Earth Science at the University of Miami, for educational and promotional purposes. I understand that
our images and voices may be used to illustrate and explain programs of the University of Miami and may appear
in media including print, video, TV, film, radio, and internet.

In giving this consent, I release the University of Miami, its nominees, and designees from liability for any
violation of any personal or proprietary right we may have in connection with such use.

Parent Signature

Date

Parent Printed Name

Child's Name

Address