



PRECOLLEGE 2017

RELEASE, WAIVER AND INDEMNIFICATION

Ringling College of Art and Design, in compliance with the laws of the State of Florida, requires all PreCollege 2017 participants to sign a **Release, Waiver and Indemnification Agreement**. Please select the form that is appropriate for you.

- IF THE STUDENT IS 18 YEARS OF AGE: Complete the **RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (ADULT STUDENTS)** form

OR

- IF THE STUDENT IS UNDER 18 YEARS OF AGE (or turns 18 years of age during the program): Complete the **RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (Adult on Behalf of a Minor Student)** form

PLEASE complete JUST one form, which applies to you and as student who is a minor or a student who will be 18 years of age through the program, and submit that with your other registration forms to the address below.

PreCollege 2017
Ringling College of Art and Design
2700 North Tamiami Trail
Sarasota, FL 34234

941-955-8869 * precollege@ringling.edu * www.ringling.edu/precollege



**RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT
(ADULT ON BEHALF OF MINOR STUDENT)**

(For students who are minors and will NOT be 18 years of age throughout PreCollege.)

**PRECOLLEGE 2017
June 25 – July 22, 2017**

MINOR PARTICIPANT:

Name: _____

Cell Phone: _____

Email: _____

SPONSORING INSTITUTION:

Ringling College of Art and Design

2700 North Tamiami Trail

Sarasota, FL 34234-5895

PRIMARY EMERGENCY CONTACT(S):

ADDITIONAL EMERGENCY CONTACT:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Cell Phone: _____

Phone: _____

Email: _____

Medical Care/Treatment Power of Attorney

I, _____, the parent or legal guardian of _____, do hereby authorize treatment and/or admission to the hospital in the event of an accident or emergency. I agree that the attending physician may, in case of extreme emergency, operate and/or administer the necessary anesthesia if the undersigned cannot be contacted. Furthermore, I authorize Ringling College staff members associated with the PreCollege 2017 program to initiate and authorize the provision of basic, non-emergency medical care at a local physician's office, Urgent Care Center or hospital.

Insurance Information:

Insurance Company: _____

Insurance Company Phone: _____

Policy Number: _____

Policy Holder's Name: _____

Furthermore, as parent or legal guardian of the above referenced minor, I fully understand that the standards of behavior for Ringling College of Art and Design students will be in effect and will be enforced during this activity. I will also abide by any decisions made by the Ringling College of Art and Design or its agents in this regard for the good of the minor and the good of the group. I give permission to Ringling College of Art and Design, its governing board, officers, employees or representatives, to contact, at their discretion, the minor's parent, legal guardian(s) or emergency contact should the minor become ill or have any problems or needs while participating in this program.

As parent or legal guardian of the above referenced minor, I understand that if the minor is dismissed from the event/activity for any reason, before or during the dates of the event/activity, I will be responsible for any additional expenses incurred due to the minor's dismissal and/or failure to complete the event/activity in its entirety. I also understand that no refunds related to the event/activity cost or transportation will be given.

RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT (ADULT ON BEHALF OF MINOR STUDENT)

NOTICE TO THE MINOR'S NATURAL GUARDIAN

Read this form completely and carefully. You are agreeing to let your minor engage in a potentially dangerous activity. You are agreeing that, even if Ringling College of Art and Design uses reasonable care in providing this activity, there is a chance your minor may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity that cannot be avoided or eliminated. By signing this form, you are giving up your minor's right and your right to recover from Ringling College of Art and Design in a lawsuit for any personal injury, including death, to your minor or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and the Ringling College of Art and Design has the right to refuse to let your minor participate if you do not sign this form.

I, _____, for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards to my minor, _____, incidental to, or as a result of, participation in PreCollege (program), a four-week residential academic program including studio and workshop classes that may include the use of soldering tools, scissors, hammers, wire cutters, drills, x-acto knives, or other potentially hazardous tools and materials not specified. The program will include various field trips where transportation will be provided TO AND FROM the said activity. Minor participants have optional use of the Ringling College Fitness Center, which could include hazards that could not be reasonably anticipated or that relate to my minor's health and physical capabilities. I freely acknowledge the fact that this program and/or activity(ies) may have, and/or involve, physical contact or other conditions or factual circumstances where physical or other injuries may occur, and that transportation to and from said event could involve the potential for an automobile, or other, accident. As legal guardian and/or natural parent of the above referenced minor, I do hereby warrant that my minor is in good health and has no physical condition that would prevent him/her from safely participating in the program and/or activity(ies) identified above. If my minor has any medical or physical limitations, I have made the program's staff aware of such limitations in writing in advance of my minor's participation in the program and/or activity(ies), which may/may not include swimming or water activities.

As legal guardian and/or natural parent of the above referenced minor, I do hereby waive, release and agree to indemnify and hold harmless Ringling College of Art and Design, its governing board, their officers, agents, employees, sponsors, activity supervisors, and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of Ringling College of Art and Design, their agents or employees and sponsors or activity supervisors, arising from my minor's participation in the said activity. I, as legal guardian and/or natural parent of the above referenced minor, assume all risk of injury, liability, and loss arising from my minor's participation or presence at said activity. I acknowledge that Ringling College of Art and Design will not assume any costs relating to any injury while my minor is involved in this activity, or from transportation to or from this activity. This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of Ringling College of Art and Design permitting my minor's participation in the activity or program at issue and in further consideration of Ringling College of Art and Design not requiring self-funded liability insurance coverage on my part as a condition precedent to my minor's participation in the activity. I, as legal guardian and/or natural parent of the aforesaid minor, freely and voluntarily assume all risk of loss or injury arising from my minor's participation in the activity whether due to my negligence, my minor's negligence, or the negligence or intentional acts of others. I acknowledge that, absent this release and indemnification, Ringling College of Art and Design would not have offered me, or my minor, access to the activity because of unacceptable exposure to civil liability claims and/or lawsuits, or the expense of providing a program that is risk-free. By signing this waiver, I agree to indemnify any and all employees of Ringling College of Art and Design for any and all damages which result from any and all acts or omissions, including negligence, in whole or in part, on the part of any employee.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, or my minor, might otherwise be entitled if my minor is hurt or suffer loss during his/her participation in that activity.

**YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.
YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.
YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU
DO NOT FULLY UNDERSTAND THIS DOCUMENT.**

SIGNED THIS ____ DAY OF _____

Signed in the presence of the following witness(es)
(Note: This agreement does NOT need to be notarized):

Witness

Signature of Parent or Legal Guardian

Witness

Signature of Parent or Legal Guardian



PRECOLLEGE 2017

RELEASE, WAIVER AND INDEMINIFICATION AGREEMENT (ADULT STUDENTS)

NOTE: Use this form if the Participant is, or will be, 18 years of age throughout the program. If the participant is a minor, please use the alternate form RELEASE, WAIVER AND INDEMINIFICATION AGREEMENT (ADULT ON BEHALF OF MINOR STUDENT.)

STUDENT IS ADULT PARTICIPANT:

Name: _____

Cell Phone: _____

Email: _____

SPONSORING INSTITUTION:

Ringling College of Art and Design
2700 North Tamiami Trail
Sarasota, FL 34234-5895

EMERGENCY CONTACT(S):

Name(s): _____

Cell Phone: _____

Email: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

DESCRIPTION OF EVENT/ACTIVITY: PreCollege 2017 is a four-week residential academic program, including studio and workshop classes that may include the use of soldering tools, scissors, hammers, wire cutters, drills, x-acto knives, or other potentially hazardous tools and materials not specified. The program will include various field trips where transportation will be provided via charter bus. Participants have optional use of the Ringling College Fitness Center, which could include hazards that could not be reasonably anticipated or that relate to student health and physical capabilities.

DATES OF PROGRAM: June 25 – July 22, 2017

I, _____, hereinafter "Participant," have applied to participate in the event/activity described above, sponsored by Ringling College of Art and Design in Sarasota, Florida, or its designee. I acknowledge that the nature of the event/activity may expose me to hazards or risks that may result in my illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in this event/activity, I hereby accept all risks to my health and of my injury or death, as well as risk of loss of personal property, that may result from such participation, and I hereby release Ringling College of Art and Design, its governing board, officers, employees and representatives, from any liability to me, my personal representative, estate, heirs, next of kin and assigns for any and all claims and causes of action, including my death, that may result from or occur during my participation in the event/activity, whether or not caused by the negligence in whole or in part of Ringling College of Art and Design, its governing board, officers, employees and representatives.
_____ (Initial)

I understand that during the course of the event/activity, I may travel to destinations by bus and other modes of travel. I desire to take part in the transportation in order to participate in the program. I acknowledge that bus and other land travel poses several hazards and risks that may result in my illness, personal injury or death, or loss of personal property. Such hazards include, but are not limited to, weather difficulties, mechanical problems, other vehicles, pedestrians, and driver negligence. I am willing to travel and agree on behalf of myself, my personal representatives, estate, heirs, next of kin and assigns to release Ringling College of Art and Design, its governing board, officers, employees and representatives, from any and all claims and causes of action that may result from my bus travel or other modes of travel during the course of the event/activity. I agree to hold Ringling College of Art and Design harmless from any injury to my person or property that may occur as a result of my travel during this event/activity and in preparation for participation in said program. _____ (Initial)

MEDICAL CARE/TREATMENT POWER OF ATTORNEY

I, _____, hereby authorize treatment and/or admission to the hospital in the event of an accident or emergency. I agree that the attending physician may, in case of extreme emergency, operate and/or administer the necessary anesthesia if the undersigned is incapacitated. Furthermore, I authorize Ringling College staff members associated with the PreCollege program to initiate and authorize the provision of basic, non-emergency medical care at a local physician's office, Urgent Care Center or hospital.

Insurance Information: Insurance Company: _____
Insurance Company Phone: _____
Policy Number: _____
Policy Holder's Name: _____

Furthermore, I fully understand that the standards of behavior for Ringling College of Art and Design students will be in effect and will be enforced during this activity. I will also abide by any decisions made by the Ringling College of Art and Design or its agents in this regard for the good of myself and the good of the group. I give permission to Ringling College of Art and Design, its governing board, officers, employees and representatives, to contact, at their discretion, my family members or emergency contact if I become ill or have any problems or needs while participating in this program.

I understand that if I am dismissed from the event/activity for any reason, before or during the dates of the event/activity, I will be responsible for any additional expenses incurred due to my dismissal and/or failure to complete the event/activity in its entirety. I also understand that no refunds related to the event/activity cost or transportation will be given.

Adult Student Signature: _____

Name (Printed): _____

Date: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR PROGRAM.

Signature of Participant

Date