

FORM B: ADULT PARTICIPANT OVER AGE 18 RELEASE

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.*

PLEASE COMPLETE FORM IN BLUE OR BLACK INK

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

For and in consideration of Florida Institute of Technology permitting me, "PARTICIPANT", to participate voluntarily in a **FLORIDA INSITUTE OF TECHNOLOGY SUMMER CAMP** to be held during 2012 on Florida Institute of Technology campus in Melbourne, Florida, hereafter referred to as "**SUMMER CAMP**", I hereby expressly assume all the risks associated with the **SUMMER CAMP** and I release Florida Institute of Technology, its trustees, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against Florida Institute of Technology, its trustees, officers, employees, students, or agents, arising out of or in any way connected with the **SUMMER CAMP**, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the **ACTS, OMISSIONS, OR NEGLIGENCE** of Florida Institute of Technology, its trustees, officers, employees, students, or agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS FLORIDA INSTUTUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST FLORIDA INSTUTUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE SUMMER CAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS, OR NEGLIGENCE OF FLORIDA INSTUTUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON FLORIDA INSTUTUTE OF TECHNOLOGY'S BEHALF AND IN FLORIDA INSTUTUTE OF TECHNOLOGY'S NAME, DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE SUMMER CAMP.

PHOTO RELEASE

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I have read and executed this document with full knowledge of its legal significance.

By:

PARTICIPANT (over 18 years of age)

DATE

Name Printed

Date of Birth

Participant's mailing address:

Street Address

City/State

Zip

*If you are a Florida Institute of Technology employee or a dependent of a Florida Institute of Technology employee, this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to possible death or to any injuries you may sustain while participating in the **SUMMER CAMP**.