



LASER and OPTICS Summer Camp

Sign-in/Sign-out Waiver

I, _____ (print parent/guardian name) am the parent and/or legal guardian of _____ (print student name), who is attending _____ (print name of program) during the week of _____ (print camp dates). Due to extenuating circumstances, I will be unavailable to sign my child in and out of the Laser and Optics Summer Camp. I hereby sign this waiver to allow my child to sign in and sign out of the Laser and Optics Summer Camp each day without me as the parent and/or legal guardian present as an escort. Consequently, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS the University of Central Florida (including, but not limited to its College of Optics and Photonics), the Board of Trustees of the University of Central Florida, the State of Florida, the Florida Board of Education, the Florida Board of Governors, and their employees, officers, agents, volunteers, servants and students and all organizations involved in the coordination, hosting, and staffing of the Laser and Optics Summer Camp FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, JUDGMENTS, EXPENSES (INCLUDING FEES AND COSTS), CAUSES OF ACTION OR INJURY, INCLUDING DEATH in connection with my child signing in and out of the Laser and Optics Summer Camp without me as the parent and/or legal guardian and/or another legal guardian present as an escort. I also understand that my child will need to display the approved full-day camp parking permit in the vehicle that transports my child while on campus. I am fully responsible for paying any fines or fees accrued due to the failure of properly displaying the parking permit while on campus. You may contact me at the following if you have any questions:

Parent/Guardian Signature: _____

Parent/Guardian Email: _____

Parent/Guardian Cell: _____