

**STATEMENT OF PARENTAL CONSENT**

IN CONSIDERATION of my child’s participation in the SATURDAY-AT-THE-SEA PROGRAM which is sponsored by the College of Arts and Sciences, Office of Science Teaching Activities of The Florida State University, Tallahassee, Florida. Activities for this program include, but are not limited to laboratory work associated with the program; excursions on the Florida State University Marine Lab pontoon boats; and walking along the seashore, and transportation to and from the marine lab in 15-passenger buses.

For other good and valuable consideration received, I

\_\_\_\_\_ (parent/legal guardian name AND relationship to student)

voluntarily & without inducement give my consent for my child (if filling out form for yourself, write in “self”),

\_\_\_\_\_ (child’s name) (age) (sex)

to participate in the aforementioned SATURDAY-AT-THE-SEA PROGRAM and release The Florida State University and the Florida Board of Regents from any and all liability therefore and assume the risks, if any, arising there from.

Should first aid or emergency medical needs arise such as cuts, scrapes, bruises, or lacerations, I consent to treatment necessary to prevent infection and promote healing. This could involve cleansing and antibiotic, as appropriate under the circumstances, as well as x-rays and medical laboratory procedures. I do understand that generally the administering of medications is preferable to leaving the condition untreated; and that violent reaction to medication or drugs could occur.

The following are the drugs and medications that disagree with my child or to which he/she is sensitive or allergic:

\_\_\_\_\_ (NOTE: Write "none" if your child has none.)

Furthermore, my child has the following chronic diseases (e.g. asthma, epilepsy, congenital defects, etc.):

\_\_\_\_\_ (NOTE: Write "none" if your child has none.)

Regarding major traumas or medical emergencies, I understand that The Florida State University would refer the treatment of such to the appropriate physician/ facility. Should the University not be able to contact me, it is my desire that my child receive treatment, nonetheless, and I will hold harmless The Florida State University and the Florida Board of Regents from any liability, claims and demands, whatsoever, for referring to others for treatment. Furthermore, being fully aware of the hazards and possible consequences involved in treatment of the above described routine and emergency conditions, I, being legally competent to give consent, hereby consent to such treatment and/or referral and agree to hold harmless The Florida State University, The Florida Board of Regents, their employees and agents, from any claims, demands from any injury or complications whatever which may result from such incident, injury, or treatment.

I understand the circumstances involved in my child’s participation in the above described activities; I have read this statement, understood its contents, and sign it of my own free will and choice, and do so to benefit the best interest and education of my child.

IN WITNESS WHEREOF, I (parent/legal guardian) have executed this document this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Street address City and State Zip Code

\_\_\_\_\_  
Home/Cell Telephone

**NOTE: This form does NOT need to be notarized.**



## PHOTOGRAPHIC/VOICE PERFORMANCE RELEASE

I hereby give The Florida State University for and on behalf of the Florida State University Board of Trustees (FSU) and members of its staff the right and permission to take still photographs and to make motion pictures of me, and to record my voice in connection therewith, to televise, post on the internet, copyright and/or publish and use my images and recordings and to distribute same by the FSU "Saturday-At-The-Sea Educational Programs" and/or their licenses. I also hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I give my consent for The Florida State University to use my photograph image and voice recording as stated hereinabove solely for the stated purpose to promote awareness of the "Saturday-at-the-Sea Educational Program" and other FSU environmental education. Neither my images nor my voice recordings will be used by FSU to make a profit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Witness Signature (Parent or Guardian)

NOTE: This form does NOT need to be notarized.