

RELEASE FORM



Name: _____ SSN: _____

PBCC SYC participants will not be allowed to engage in class activities unless this form is completed and signed by a parent or guardian.

I. INSURANCE

I understand that participation in physical activity carries a degree of risk. I am responsible to follow instructions and safety precautions given by the instructor. I am aware that PBCC does not carry individual student insurance to cover accidents which may occur during Summer Youth College. I am aware that I have been advised to carry my own insurance.

II. MEDIA

I hereby assign all rights to any and all images/photographs/videotapes/film/digital/ or sound recordings made of the Summer Youth College participant named below. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast and/or distribution of the same without limitation for any product associated with Palm Beach Community College.

III. COMPUTER USE

I understand that the program may involve the use of computers that provide unfiltered access to the internet. I hereby consent to such access and waive any and all claims arising from such access.

IV. MEDICAL

I hereby give my permission to the PBCC Summer Youth College to initiate necessary first aid measures for my child, as needed. Further, in an emergency requiring medical attention, I authorize a representative of PBCC SYC to take my child to the nearest hospital or act for me in accordance with their best judgment.

Does your child have any medical problems of which we should be aware? Circle yes or no.

YES NO If YES, What? _____

Is your child allergic or sensitive to any drugs?

YES NO If YES, What? _____

Is your child presently taking any medications?

YES NO If YES, What? _____

Is your child allergic or reactive to insect bites or stings?

YES NO If YES, What? _____

Does your child have any emotional/behavioral/psychological problems?

YES NO If YES, What? _____

Emergency Phone Numbers

Provide two daytime phone numbers where parents or guardians can be reached.

Name _____ # _____

Name _____ # _____

Doctor's Name _____ # _____

All SYC participants must be aware that they are attending a college and have to behave accordingly.

College classes and activities are being conducted as usual during these six weeks.

Inappropriate behavior/attire will not be tolerated. I have read and understand the above information. I also understand that if my behavior and/or attire are inappropriate, I may be asked to leave Summer Youth College without a refund.

Student's Name (Print)

Student's Signature

Signature of Parent/Guardian

Date

