

Student name (print) _____ ID _____

RELEASE FORM

If more than one form is needed, you may make additional copies.

PBCC SYC participants will not be permitted to engage in class activities until this form is completed, signed by a parent or guardian and received by the SYC office.

I. INSURANCE

I understand that participation in physical activity carries a degree of risk. I am responsible for following instructions and safety precautions given to me 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?

NO YES, What? _____

Is your child allergic or sensitive to any drugs?

NO YES, What? _____

Is your child presently taking any medications?

NO YES, What? _____

Is your child allergic or reactive to any foods, insect bites/stings?

NO YES, What? _____

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

NO YES, What? _____

Emergency Phone Numbers:

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

Name _____ # _____ Relationship _____

Name _____ # _____ Relationship _____

Doctor's Name: _____ # _____ No Doctor

All SYC participants must be aware that they are attending a college and must 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 Signature

Date

Signature of Parent/Guardian

Date