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 CAMP** to be held during 2014 on Florida Institute of Technology campus in Melbourne, Florida, hereafter referred to as **"CAMP"**, I hereby expressly assume all the risks associated with the **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 **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 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 CAMP.

PHOTO RELEASE

PARTICIPANT hereby grants to Florida Institute of Technology the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or videotaped images of me for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's student newspaper, alumni magazine, on the university's Web site, and public relations / promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

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 **CAMP.**