



## Waiver of Liability, Assumption of Risk, and Indemnity Agreement for Minors

***By creating a Volunteer Hub account and registering as a volunteer, you and your parent/guardian agree to all terms in the waiver below.***

Pursuant to Florida Statute 744.301, we must include the following statement in this waiver: **NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN. READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY ACKNOWLEDGING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD, OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO ACKNOWLEDGE THIS FORM, AND SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT ACKNOWLEDGE THIS FORM.**

**Waiver:** In consideration of being permitted to participate in any way in the SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB, its officers, employees, and agents from liability from any and all claims including the negligence of SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, cuts, and punctures; 2) major injuries such as eye injury or loss of sight and dismemberment; to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these

and other risks that are inherent in The Activity. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks. I further certify that my child is in good physical health, and has no medical or physical conditions that would restrict my child's participation in The Activity.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, and assumption of risk and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

### **Emergency Medical Authorization / Pick-up Authorization**

FOR PARENTS/LEGAL GUARDIANS: Completion of this form enables parents/legal guardians to authorize emergency treatment in case of accident, injury or illness for your child in instances when you or your emergency contact(s) listed in your account are not on hand to give personal consent for treatment and provides authorization for additional individuals you have named to pick up your child from The Activity. It is the sole responsibility of the parent / legal guardian to keep your account information (emergency contact information and authorized pick-up individuals) current.

### **PART 1 - Emergency Medical Authorization & Waiver**

I, as a parent or legal guardian of a minor, do hereby give consent for my child's emergency medical treatment/aid in the case of illness or injury during his/her participation at SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed lifesaving by medical professionals and/or professional emergency responders. For a child, this provision will only be invoked if the parent/legal guardian or emergency contacts are unable to be reached. I authorize my child to be treated by a licensed physician and the transfer of my child to any hospital reasonably accessible.

I, the parent or legal guardian of a minor, do hereby give my permission and authorize the personnel at SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB to administer and provide any emergency medical assistance or first aid to my child in the event of my child's involvement in an accident, injury or sickness. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all expenses that may be incurred.

**RELEASE & WAIVER OF LIABILITY:** In consideration of being permitted to participate in any way in the SUNCOAST SCIENCE CENTER/FAULHABER FAB

LAB hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB, its officers, employees, and agents from liability from any and all claims including the negligence of SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

### **PART 2 - Pick-up Authorization**

I do hereby give my permission and authorize the personnel at SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB to release my child to the authorized individuals in my account. It is the sole responsibility of Parent/Legal Guardian to notify Suncoast Science / Faulhaber Fab Lab of any changes to this list and to keep their contact information for these individuals current within their account.

### **Photo & Video Release**

I understand that Suncoast Science Center/ Faulhaber Fab Lab, takes photographs and/or video in connection with Suncoast Science Center/ Faulhaber Fab Lab events. **Unless otherwise noted in my account profile**, I authorize Suncoast Science Center/ Faulhaber Fab Lab, its employees, agents, directors, or volunteers representing or related to Suncoast Science Center/ Faulhaber Fab Lab, partners, assigns and transferees to copyright, to use and publish the same in print and/or electronically. I agree that Suncoast Science/ Faulhaber Fab Lab, may use such photographs and/or video of my child, and/or my child's likeness with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I hereby release Suncoast Science Center/ Faulhaber Fab Lab, its employees, agents, directors, or volunteers representing or related to Suncoast Science/Faulhaber Fab Lab, partner organizations, and its assigns/transferees from any and all claims whatsoever in connection with the use, reproduction, and/or publication of the images thereof.

### **Membership Acknowledgement Statement**

Staff of The Citizen Scientists League, Inc. dba, Suncoast Science Center, Inc. (SSC) shall hold and maintain all Information on behalf of Membership in strictest confidence. The role of Suncoast Science Center Technical and Other Staff, if necessary, is to instruct and guide membership in the use of Lab equipment, software, machines and tools. All Staff will not engage in recommending or advising Members about how to specifically prototype, create, or design their personal or business-related projects. All Staff members are exempt from and will not be subject to signing a Non-Disclosure Agreement or Confidentiality Agreement (CA) if requested by an SSC Member or their attorney.

## Waiver of Liability, Assumption of Risk, and Indemnity Agreement for Adults

**READ THIS FORM COMPLETELY AND CAREFULLY. BY ACKNOWLEDGING YOU HAVE READ THIS FORM, YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY ACKNOWLEDGING THIS FORM, YOU ARE GIVING UP YOUR RIGHT TO RECOVER FROM SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO ACKNOWLEDGE THIS FORM, AND SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IF YOU DO NOT ACKNOWLEDGE THIS FORM.**

**Waiver:** In consideration of being permitted to participate in any way in the SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB, its officers, employees, and agents from liability from any and all claims including the negligence of SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, cuts, and punctures; 2) major injuries such as eye injury or loss of sight and dismemberment; to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I further certify that I am in good physical health, and have no medical or physical conditions that would restrict my participation in The Activity.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held

invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, and assumption of risk and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

### **Emergency Medical Authorization**

I do hereby give consent for my emergency medical treatment/aid in the case of illness or injury during my participation at SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed lifesaving by medical professionals and/or professional emergency responders. I authorize my treatment by a licensed physician and my transfer to any hospital reasonably accessible.

I do hereby give my permission and authorize the personnel at SUNCOAST SCIENCE CENTER/FAULHABER FAB LAB to administer and provide any emergency medical assistance or first aid to me in the event of my involvement in an accident, injury or sickness. I also give permission for any emergency personnel to treat me in the event of an emergency. I will be responsible for any and all expenses that may be incurred.

### **Release & Waiver of Liability**

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### **Photo & Video Release**

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photographs and/or video of me, and/or my likeness with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I hereby release Suncoast Science Center/ Faulhaber Fab Lab, its employees, agents, directors, or volunteers representing or related to Suncoast Science/Faulhaber Fab Lab, partner organizations, and its assigns/transferees from any and all claims whatsoever in connection with the use, reproduction, and/or publication of the images thereof.

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Staff of The Citizen Scientists League, Inc. dba, Suncoast Science Center, Inc. (SSC) shall hold and maintain all Information on behalf of Membership in strictest confidence. The role of Suncoast Science Center Technical and Other Staff, if necessary, is to instruct and guide membership in the use of Lab equipment, software, machines and tools. All Staff will not engage in recommending or advising Members about how to specifically prototype, create, or design their personal or business-related projects. All Staff members are exempt from and will not be subject to signing a Non-Disclosure Agreement or Confidentiality Agreement (CA) if requested by an SSC Member or their attorney.