



RELEASE OF LIABILITY AND HOLD HARMLESS

In the event of an accident or illness, I understand that every reasonable effort will be made to contact a parent/guardian immediately. However, if I am unavailable, I authorize the PALM BEACH ATLANTIC UNIVERSITY **Science Camp** staff to secure emergency medical care for my child as needed. Although I understand that PALM BEACH ATLANTIC UNIVERSITY **Science Camp** will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in **Science Camp**, which may include physical injury or other consequences arising or resulting from the program. Being fully aware of these risks, I hereby consent to my child's participation in this program and agree to hold the PALM BEACH ATLANTIC UNIVERSITY and PALM BEACH ATLANTIC UNIVERSITY **Science Camp** staff harmless in any event.

Parent or Guardian's Name (Printed)

Date

Parent or Guardian's Signature