



2025 FSPA STATE CONVENTION STUDENT PERMISSION FORM

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT DATE OF BIRTH	SCHOOL NAME
PARENT/LEGAL GUARDIAN NAME	PARENT/GUARDIAN CELL PHONE NUMBER		PARENT/GAURDIAN WORK PHONE NUMBER
INSURANCE COMPANY NAME	POLICY NUMNER	GROUP NUMBER	INSURANCE COMPANY PHONE NUMBER
PRIMARY POLICY HOLDER NAME	PRIMARY POLICY HOLDER DATE OF BIRTH	CURRENT MEDICATIONS (IF ANY)	
ALLERGIES (IF ANY)		ANY MEDICAL CONDITIONS OR DISABILITIES OF WHICH FSPA SHOULD BE AWARE OF? PLEASE EXPLAIN.	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER	RELATIONSHIP TO STUDENT	

READ CAREFULLY BEFORE SIGNING

In consideration for my and/or my child's participation in FSPA State Convention (hereinafter referred to as "Program"), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Florida Scholastic Press Association ("FSPA"), its board of directors, volunteers, assigns, and host university, the University of Florida and the College of Journalism and Communications, ("RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me and/or my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted.

Expectations for Program include, but are not limited to:

- Attend all sessions, meetings and activities as directed by my and/or my child's adviser
- Keep my and/or my child's adviser informed of my activities and whereabouts at all times
- Wear official FSPA name tags at all times during Program
- Wear school appropriate clothing at all time during Program
- No possession of any alcohol, tobacco, illegal drugs or weapons
- Treat the venue, Program staff and volunteers and other participants with respect
- Do not be in hotel room of a member of the opposite sex

IDENTIFICATION AND ACKNOWLEDGMENT OF RISK

I am fully aware of the risks and potential hazards connected with participating in the Program, including but not limited to, the risk of loss of personal property from theft, risks or injuries associated with Program, and other injuries that may not be foreseeable, and I hereby elect to voluntarily participate in the Program, and engage in such activity knowing that the activity may be hazardous to myself, my child and my property. Program participants will staying overnight in a hotel that has persons not involved with FSPA or the Program also staying on site. Living in and walking around hotel property involves risks, known and unknown, for all persons, including Program participants. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or my child, or any loss or damage to property owned by me, as a result of my child being engaged in the Program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

FSPA reserves the right to immediately terminate Program attendance of any participant found to have violated Expectations. They will be required to leave the property and will be responsible for all expenses associated with termination. Registration fees and venue costs will not be reimbursed and school administrators will be notified.

RELEASE AND WAIVER OF LIABILITY

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THE PROGRAM AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS THE RELEASEES. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my and/or my child's participation in the Program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. It is my express intent that this Participant Consent, Release and Waiver of Liability ("Waiver") shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver shall be construed in accordance with the laws of the State of Florida.

ACKNOWLEDGMENT OF GOOD MENTAL AND PHYSICAL CONDITION

I further acknowledge that both myself and my child are in good mental and physical condition and I do not know of any medical or physical condition, or other reason, that myself and/or my child should not participate in the Program or which could interfere with my or my child's safety in such Program, or else I am willing to assume — and bear the cost of — all risks that may be created, directly or indirectly, by any such condition. My and/or my child's participation in any Program Activity is purely voluntary, and I elect to participate and/or have my child participate despite the risks and known or unknown dangers associated with Program Activities.

IN SIGNING THIS WAIVER, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Waiver for full, adequate and complete consideration, fully intending to be bound by same.

CONSENT TO MEDICAL TREATMENT

During the Program, I hereby give permission for Program staff to administer appropriate medical attention to myself and/or my child in the event of any accident, illness, or injury, including non-prescription medications or any prescribed medications my child brings to Program in original containers with dosage instructions. In the event of an emergency, 911 will be called, and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my or my child's insurance.

PARTICIPANT SIGNATURE DATE

CONSENT TO PHOTOGRAPHY/RECORDING

I further authorize FSPA to photograph and video and/or audio record myself and/or my child during the Program and use or distribute any picture or video/audio recording ("Materials") related to Program activities in which myself and/or my child are depicted. I also authorize use of these Materials for publication in promotional materials, on the FSPA website, and social media accounts.

PARENT/LEGAL GUARDIAN SIGNATURE DATE

PERSONAL CONDUCT AGREEMENT

While participating in the Program, attendees represent FSPA, their media programs and their schools. In addition to expectations set forth by the venue, my and/or my child's adviser, school and local school district, FSPA has established behavioral expectations ("Expectations") that must be observed by all participants.

ADVISER AND PRINCIPAL APPROVAL

I hereby certify that the participant named in this permission form is a student in good standing in our school and community. Therefore, without reservation, I approve their attendance at the Program.

ADVISER SIGNATURE DATE

ADVISER NAME (PRINTED)

SCHOOL ADMINISTRATOR SIGNATURE DATE

SCHOOL ADMINISTRATOR NAME (PRINTED)