



**QUESTIONS?**

**Email:** kidskitchencamp@ucf.edu

**Office Phone:** 407.903.8196

**Fax Number:** 407.903.8106

**Website:**

<https://hospitality.ucf.edu/kids-kitchen-camp-a-summer-culinary-experience/>

# Kids Kitchen Camp at UCF Rosen College of Hospitality Management

## Release Waiver Form

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Name of Camper: \_\_\_\_\_

I, \_\_\_\_\_, am the parent/legal guardian of the above-named camper participant, who is under eighteen years of age, and am fully competent to agree to the terms set forth herein. I hereby permit my child to participate in the Kids Kitchen Camp, hosted by UCF Rosen College of Hospitality Management.

In consideration for receiving permission for my child to participate in the Kids Kitchen Camp, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes the University of Central Florida (including but not limited to its Rosen College of Hospitality Management), the Board of Trustees of the University of Central Florida, the State of Florida, the Florida Board of Education, the Florida Board of Governors, and their employees, officers, agents, servants, volunteers and campers and all organizations involved in the coordination, hosting, and staffing of and contribution of equipment and supplies to the conference/workshop, and also their agents, servants, and employees (with all of the above collectively referred to as **RELEASEES**), **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, JUDGMENTS, EXPENSES (INCLUDING FEES AND COSTS), CAUSES OF ACTION OR INJURY, INCLUDING DEATH** that may be sustained by my child or me while participating in the Kids Kitchen Camp or in connection with the Kids Kitchen Camp, whether caused by **RELEASEES'** negligence or otherwise, or while on the premises owned or leased by **RELEASEES**.

I acknowledge that the Kids Kitchen Camp activities and workshops may expose my child to various risks, including without limitation, the possibility of risk of serious personal injury to my child and others, and the possibility of risk of personal property damage or destruction. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child or me and all risks and consequences associated with or arising in connection with such participation, whether supervised or unsupervised. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including courts costs and attorney's fees for both trial and appellate levels that may occur as a result of or in any way related to my child's or my participation in the Kids Kitchen Camp, whether caused by RELEASEES' negligence or otherwise.

I hereby grant permission to survey my child and me about the event. I understand that names are not collected on these written surveys and participation is voluntary. I further grant permission to publicly share or publish the data from our surveys (data is collected and reported anonymously in a summary format from the surveys), including testimonials collected in the surveys. There is no monetary or other compensation to my child or me for participation in the surveys. In addition, I hereby grant permission for my child and/or me to appear in photographs, videotapes, or other forms of media that may be published by or on behalf of the University of Central Florida in the form of video, hard copy publications, web sites and/or other forms of media with respect to or in connection with the above referenced Kids Kitchen Camp or associated activities without monetary or other compensation to my child or me.

I hereby represent that I HAVE READ THIS RELEASE FORM IN ITS ENTIRETY AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS IT CONTAINS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Camper Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**This form can be submitted by email, fax, or by mail.**

-Print, sign (e-signatures will NOT be accepted), scan and email to [kidskitchencamp@ucf.edu](mailto:kidskitchencamp@ucf.edu).

Please place camper's First Name and Camper's Last Name in the subject line.

-Print, sign (e-signatures will NOT be accepted), and fax to 407-903-8106

-Print, sign (e-signatures will NOT be accepted), and mail to:

KIDS KITCHEN CAMP, ATTN: Ricarya Jackson, 9907 Universal Blvd, Orlando, FL 32819