



**University of South Florida
New Student Connections - CampU
MEDICAL AUTHORIZATION**

PARENTAL CONSENT & AUTHORIZATION

I understand, _____, who is ____ years old and an academic-year student at University of South Florida has been selected to attend the New Student Connections' CampU hereinafter "PROGRAM") to be held at DaySpring Episcopal Conference Center on August 10 through July 12, 2016.

I understand that my health insurance, if available, will be the primary coverage for _____ in the event of accident or illness while attending the PROGRAM. We/I further understand that in the event we/I do not have insurance or have exceeded our coverage limits, our/my son/daughter will be insured by the sponsors/administrators of the PROGRAM for accident and illness occurring during the participant's attendance in the PROGRAM and excluding pre-existing medical conditions.

This insurance coverage is limited to a total amount of benefits per participant as set for in the PROGRAM's insurance plan. The policy will be arranged through the **University of South Florida** and will be in effect for the duration of the PROGRAM. Upon written request, a copy of the policy will be sent to parents or guardians when it is available. This coverage will be effective from the time the participants register until August 12, 2016 at 6:00PM, exclusive of time away from the PROGRAM for the holiday weekend or at other times as approved by the Director or the Director's Designee.

We/I also authorize the sponsors/administrators of the PROGRAM and authorized representatives of the Insuring Agency to obtain information regarding the medical history, physical condition, and diagnosis of our/my son/daughter as required to document covered accidents/illnesses. A photocopy of this authorization shall be valid as the original. This authorization will be valid for the term of our/my son/daughter's coverage under the policy.

I, _____, do hereby request that the **University of South Florida/New Student Connections**, through its agents or employees, take whatever steps necessary to secure medical treatment for the child named above in the event such child appears to be in need of such treatment while attending the PROGRAM. We/I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as the **University of South Florida**, acting through its agents or employees, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure complete and adequate care of our/my child.

I affirm that the above medical information is complete and accurate. We understand that pre-existing health conditions are not covered by the **University of South Florida** or the CampU insurance and that such conditions are the financial responsibility of the parent(s) or guardian(s). We/I also understand that the insurance policy cited above does not cover any medical problems known to us/me or that should have been known to us/me and not revealed by us/me to the **University of South Florida**, and that certain conditions will not be covered under the terms of the insurance policy.

If this document is being signed by only one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I/we, the undersigned, affirm that I/we have been judicially granted legal guardianship of the participant.

Student Participant Signature

Date

Parent or Guardian Signature (*if participant is younger than 18*)

Date



**GENERAL CONSENT AND RELEASE RELATED TO THE USE OF
PHOTOGRAPHIC OR RECORDED IMAGE University of
South Florida**

I hereby agree that the University of South Florida Board of Trustees, a public body corporate, and its Colleges or Departments (the "University") shall have the right to record my participation, appearance, image, likeness and voice on video tape, audio tape, film, photograph or in any other medium and to publish the same in any form of publication, including but not limited to print, electronic, video or Internet for the following event:

Event: CampU 2016

Date: August 10-12, 2016

I hereby unconditionally and irrevocably consent to the University's use and display of such materials for educational, archival, acknowledgement or general promotional purposes. It is further understood that photographic or recorded images taken of me will not be used for commercial endeavors. I understand that by so agreeing and consenting, I have forever waived (i) any right to require payment from the University for use of these materials by it or those acting pursuant to its authority and (ii) the right to object to the use of such materials for any purpose permitted by this General Consent and Release, including, the University publishing, printing, displaying, exhibiting, distributing or otherwise publicly using any such materials for any legal purposes. I understand the foregoing consent and release grants the University the right to edit, crop, retouch or otherwise reasonably alter such materials, at its discretion. The University may reveal my name and identity in such materials or by descriptive text or commentary. Furthermore, I understand and agree that any intellectual property rights associated with such materials are the sole property of the University. I hereby release and hold harmless the University, the Florida Board of Governors, the State of Florida and their employees, agents and personnel for the **New Student Connections**, from and against any and all claims for damages that I may have (including, but not limited to, claims for compensation, royalties, invasion of privacy, defamation) arising out of the use of my participation, appearance, image, likeness and voice pursuant hereto and furthermore covenant not to sue the University.

I have read and understand the foregoing General Consent and Release and hereby agree.

Print Name:

Signature:

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this release.

Signature of Parent or Legal Guardian (*if participant is younger than 18*)

Date

Printed Name of Parent or Legal Guardian

CampU Program

Trip Participant Behavior Agreement and Expectations

You are attending a University of South Florida (USF) sponsored event. On this trip, you will be representing more than just yourself.

As such, I agree to the following:

- I will listen to and respect the event staff and student leaders on the trip.
- I will abide by all University Policies including the Student Code of Conduct (including but not limited to: alcohol, drugs, harassment, theft, assault, disorderly conduct, and disruptive conduct).
- I will obey all Local, County, State, and Federal Laws.
- I will refrain from the use/abuse/being in possession of illegal substances while on the trip.
- I will refrain from the use/abuse/being in possession of alcohol while on the trip.
- I will refrain from using any tobacco products while on the trip.
- I will refrain from bringing or being in possession of any firearms, weapons or explosives.
- I will remain on the conference grounds/property for the duration of the trip unless accompanied by or with permission from the Director of New Student Connections.
- I will adhere to my room assignment and remain in my assigned cabin during all overnight hours.
- I will abide by all of the rules of the bus transportation agency.
- I will respect and listen to members of the conference site.
- I will avoid unnecessary roughness toward room furnishings, furniture, equipment, etc. I accept full responsibility for any damages or fines I incur.
- I will communicate any problems or violations of this agreement to the event staff.
- In the event of an emergency situation or a natural disaster, I will follow the protocol set forth by the Director of NSC.

Your contribution to the event is as important as what you receive from the event. As such, I agree to the following:

- I will attend and be on time for all of the sessions offered as part of the planned program.
- I will be an active participant in all events/discussions/activities. I understand that my contributions to my Spirit Team are important.
- I will be encouraging and supportive of my fellow CampU participants.
- I will treat others and myself in a respectable manner. I will foster environments where all people are valued regardless of their race, ethnicity, ability, gender identity, gender expression, sexual orientation, faith, or beliefs.
- I will challenge myself to be open to meeting new people by interacting with individuals from different backgrounds and with diverse experiences.
- I will refrain from using inappropriate slang words, racial slurs, or derogatory comments.
- I will be enthusiastic, have a positive attitude, enjoy my time at CampU and have fun!
- I will dress appropriately and take note of the specific and necessary clothing items on the CampU packing list.
- I will notify the event staff if I am not feeling well.
- I will refrain from using my cell phone during CampU sessions.

Failure to adhere to this agreement may result in your removal from the program and forfeiture of lodging, transportation, and any other amenities provided by the trip. If removed from the program, you will be expected to cover the costs of any lodging, transportation back to Tampa, and any damages or fines you have incurred. If removed from the trip you may also be referred to the Office of Student Rights and Responsibilities, as well as local, state or federal law enforcement.

Student Participant Signature

Print Name

Date

Signature of Parent or Legal Guardian
(if participant is younger than 18)

Print Name

Date