FLORIDA STATE UNIVERSITY SCHOOLS

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND

PARENTAL CONSENT AND INDEMNITY AGREEMENT 2025-2026

In consideration of the student being permitted to leave campus for college classes, On the Job Training (OJT), lunch, and or appointments the student listed below and the student's parent/guardian, if the student is a minor, acknowledge and agree to the following:

1. I understand the nature and privilege of a student leaving campus and the maturity level needed from said student. I believe the student named below to have such experience, maturity level and capability to leave campus. I further agree, and will instruct the minor student, that if any time the student believes the off-campus activity conditions to be unsafe, he/she will immediately discontinue the off-campus activity.

2. I FULLY UNDERSTAND that (a) leaving campus at FLORIDA STATE UNIVERSITY SCHOOLS (FSUS) involves risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS and DEATH ("risks"); (b) these risks and dangers may be caused by the student's own actions, or inactions, actions or inactions of others participating in the off-campus privilege or others not associated with FSUS, or the conditions under which the activity takes place or THE NEGLIGENCE OF THE RELEASEES NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of the student leaving campus.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND SAVE AND HOLD HARMLESS FSUS, their respective administrators, directors, agents, officers, volunteers, and employees (Releasees) from all liability, claims, demands, losses, or damages on the student's account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise. I further agree to indemnify each of the releasees from any litigation expenses, attorney fees, loss, liability, damages, or court costs incurred due to the student's negligence while the student is participating in an off-campus activity identified in the preamble.

4. I understand that the student must show my off-campus pass to the school Resource Officer, OJT coordinator, or front desk staff before I leave campus at any time during school hours.

5. Students must have a minimum 2.0 Cumulative GPA to receive an off-campus pass.

6. Off campus permission is a privilege and FSUS administration reserves the right to revoke the off campus pass at anytime.

I have read this agreement, fully understand its terms, understand that the student and parent/guardian have given up substantial rights by signing the agreement, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be remaining provision shall continue in full force and effect.

Please check all that apply:

I give my 11th or 12th grade minor child permission to leave campus at lunch, OJT, and college classes [ ]. I give my child permission to sign out of the front office or clinic to leave campus for appointments or illness with consent given by a guardian's phone call [ ].

I acknowledge that I have received a copy of the FSUS Student Code of Conduct. A copy is online at www.fsus.fsu.edu.

Student Last Name (Print) _____ First Name (Print) _____

Student Signature _____ Grade _____

Parent/Guardian (for a minor student) _____ Date _____

This form must be uploaded by a parent directly to FOCUS to receive an "Off Campus Pass". Do not turn in this form to any other person or drop off in any office.