

Waiver and Release of Liability, Acceptance, & Pledge Form



Resident Full Name (Please Print): _____ House: _____

WAIVER AND RELEASE OF LIABILITY AND STATEMENT OF VOLUNTARY CONSENT

In consideration of the housing and opportunities provided to me by the Southern Scholarship, and other good and valuable considerations provided to me, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, provide the following consents and waivers set forth herein.

____ *Initial* **Voluntary Consent.** I, the undersigned, do hereby voluntarily consent to my participation in community living and all activities sponsored by or associated with the Southern Scholarship Foundation, its officers, directors, employees, successors, assigns and agents (“SSF”).

____ *Initial* **Waiver and Release of Liability; Assumption of Risk.** I have actual knowledge and conscious appreciation of the risks and dangers associated with participation in community living and activities described in the Southern Scholarship Foundation Resident Handbook referenced below, including, without limitation, maintenance of a residential living environment, community dining, community services projects, sporting activities, and any all travel by any means associated with such community living and activities. Such community living and activities will be referred to herein as “Activities.” With full understanding of all risks and dangers associated with the Activities, I, for myself and my parents, guardians, sibling, and heirs, hereby release and forever discharge and hold harmless SSF from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Activities or my participation therein. I understand and acknowledge that this Waiver and Release of Liability discharges SSF from any liability or claim that I, my parents, guardians, siblings or heirs may have against SSF with respect to bodily injury, personal injury, illness, death, or property damage that may result from my involvement or participation in the Activities. Further, with full knowledge and understanding of inherent risks and dangers associated with the Activities, I assume all risk of harm to me or my property associated with or arising out of my involvement or participation in the Activities.

____ *Initial* **Release and Consent to Medical Treatment.** I hereby release and forever discharge SSF from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with any emergency related to or arising out of any Activity. I hereby provide my consent for SSF to provide, administer, or obtain medical treatment for me.

____ *Initial* **Release for Use of Image and Voice.** I grant and convey to SSF all right, title, and interest in any and all photographs, images, video or audio recordings of me or my likeness or voice made or obtained by SSF in connection with the Activities, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

ACCEPTANCE OF THE SSF RESIDENT HANDBOOK & STUDENT CODE OF CONDUCT

____ *Initial* I have read and understand the UPDATED Southern Scholarship Foundation’s Resident Handbook and Code of Conduct taking immediate effect (the “Handbook”).

____ *Initial* I accept the ideals, responsibilities, and obligations found in the Handbook and agree to abide by the policies, rules, and regulations described therein. I agree to conduct myself in a responsible manner consistent with SSF policies, the University Student Conduct Code, the laws of the State of Florida, as well as Federal laws.

____ **Initial** I give SSF permission to contact my parents/guardians if SSF determines that I am not acting in accordance with the requirements of the Handbook, or if SSF determines that I am acting in a manner that is inconsistent with SSF policies, the University Student Conduct Code, the laws of the State of Florida, or Federal laws.

____ **Initial** I have read & understood the SSF updated Covid-19 Guidelines. I am knowledgeable that if I test positive for Covid-19, I will need to find a place to quarantine outside of SSF and I will be responsible for all expenses incurred. I also understand I will not be refunded for any of the Food & Service Bill money used while I was out of the house.

RESIDENT PLEDGE

I, _____, know **community starts with me**. I acknowledge all of the above statements and release SSF of abovementioned liability. I pledge to cultivate, promote, and model good character helping to create a positive community environment for all. I am willing to teach and learn from others. I acknowledge and believe Southern Scholarship Foundation is more than just scholarship housing ... It is an education for life.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____