

FLORIDA **A&M** UNIVERSITY

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**2020 APPLICATION**

**Black Male College Explorers Program (BMCEP)**  
**Application**  
**JUNE 3, 2020 – JUNE 25, 2020**

**PURPOSE:**

The goals of the program are to: improve the academic performance; reduce chronic absenteeism and increase the graduation rate of black male participants.

**MISSION STATEMENT:**

The Black Male College Explorers Program is at-risk prevention/intervention programs designed specifically to prevent black males from dropping out of high school; facilitate their admission to college; and significantly increase their chances of earning a college degree.

Middle and high school students from Tallahassee and cities throughout Florida are selected for participation. Participating schools, agencies and partners are asked to identify at-risk males enrolled in grades 7th through 11th. Florida A&M University provides four to six weeks of intensely focused academic and personal developmental experiences designed for black males during the summer. Courses include several of academic subjects, such as English, Mathematics, General Science, African American Studies, and Computer Sciences, weekly character education seminars, workshops and motivational trips-during the summer. A weekly stipend is also provided.

**ELIGIBILITY REQUIREMENTS:**

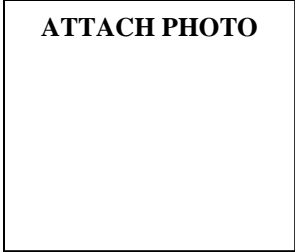
A black male student, who at the beginning of the summer session is in the 7th, 8th, 9th, 10th, or 11th grade; a depressed grade point average that does not adequately represent the potential of the student; a history of disciplinary problems or the propensity to display irregular behavior; an expressed interest in the program; any unique situation/problem that makes a student potentially at-risk; and a willingness to consider post-secondary education after high school.

**COST:**      \$2,700.00 - Black Male College Explorers Program (BMCEP) without sponsorship  
                  \$1,700.00 - Black Male College Explorers Program (BMCEP) with partial sponsorship (\$1,000 Scholarship)  
                  \$ 600.00 - Black Male College Explorers Program (BMCEP) with sponsorship (\$2,100 Scholarship)

Participation includes transportation to and from program activities, food, books, classroom materials, and a weekly (\$25) stipend, which is provided to encourage active participation and excellent citizenship. Parents and students are encouraged to seek local community organization(s) for sponsorship to help defer the cost of participation.

\*The entire **APPLICATION MUST BE COMPLETED** “**no exception**” and mailed with an official copy of the student’s transcript.

\*Fee(s) are subject to change without notice.



**STUDENT INFORMATION: (Entire Application Must Be Completed)**

**Student Name:** \_\_\_\_\_ / /  
**Last First M. I. Date of Birth**

\_\_\_\_\_ / / ( )  
**Age: Race/Ethnicity: Social Security Number\* Home Phone:**

\_\_\_\_\_  
**Home Address: City: State: Zip**

**Contact in Case of Emergency:**

\_\_\_\_\_  
**Name: Last First M. I.**

\_\_\_\_\_  
**Phone: ( ) Email Address:**

\_\_\_\_\_  
**Address: City: State: Zip:**

\_\_\_\_\_  
**Name: Last First M. I.**

\_\_\_\_\_  
**Phone: ( )**

\_\_\_\_\_  
**Address: City: State: Zip:**

\_\_\_\_\_  
**Relation to Student: Last First M. I.**

\_\_\_\_\_  
**Phone: ( ) Email Address:**

\_\_\_\_\_  
**Address: City: State: Zip:**

**Name of School you are currently attending for (2019-2020): Current Grade Level (2019-2020):**

\_\_\_\_\_  
**Address of School: City: State: Zip:**

**Name of School you will be attending for 2020-2021 Promoted Grade Level (2020-2021):**

\_\_\_\_\_  
**Address of School: City: State: Zip:**

\*The collection of students' *Social Security Numbers* is in compliance with the provisions of *Section 119.071(5), Florida Statutes*. The Florida Agricultural and Mechanical University's Office of *Black College Explorers Program* collects a student participant's social security number for legitimate business purposes, as specifically authorized by law, and in the performance of the duties and responsibilities for the following reasons:

- Completing and processing group sick, accident and dental coverage enrollment; and
- Completing and processing various supplemental insurance claim forms.

The social security numbers collected by the Office of Black Male College Explorers Program will not be used for any purpose other than the purposes stated above.

I understand the above information and agree to the terms stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN:**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTS CONCERN REGARDING SON'S/DAUGHTER'S BEHAVIOR:**

<input type="checkbox"/> ACADEMIC PERFORMANCE	<input type="checkbox"/> BEHAVIOR IN SCHOOL	<input type="checkbox"/> BEHAVIOR AT HOME
<input type="checkbox"/> SELF ESTEEM	<input type="checkbox"/> SELF CONTROL	<input type="checkbox"/> DISRESPECT
<input type="checkbox"/> LANGUAGE (PROFANITY)	<input type="checkbox"/> CHOICE OF FRIENDS	<input type="checkbox"/> LAZINESS
<input type="checkbox"/> NEATNESS	<input type="checkbox"/> DRUGS	<input type="checkbox"/> ALCOHOL
<input type="checkbox"/> LATE HOURS	<input type="checkbox"/> OTHER (S)	

**PLEASE EXPLAIN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Households consist of (list members of the household, including yourself- additional paper can be attached)

NAME	SEX	AGE	RELATIONSHIP

**NOTE: The entire APPLICATION MUST BE COMPLETED. An official copy of the student’s transcript is required to process your application. It must accompany this application.**

Classifications (Presently) circle one:	07 <sup>th</sup>	08 <sup>th</sup>	09 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	FRS
Absentees							
Tardiness							
Discipline Referrals: (Please attach a copy of student discipline record showing reasons given for referral and or actions taken.)							
Suspensions							
Incarceration Record							
Cumulative G.P.A.							
Test Scores							
Current Class Schedule							
Expected Date of Graduation (month and year)							
List the organizations to which you belong and the honors you have received:							
Special Skills/Hobbies:							
List work or volunteer experiences relevant to your profession interests: (Use back of this page if needed)							
Position(s)	Duties/Responsibilities					Dates	

**ESSAY: (Please submit in paragraph form, type written, and double spaced.)**

Please have student write a one-page essay describing his interest and goals, both personal and professional. Include any information that you think is important for us to know. Please attach the essay to this application form.

**TEACHER/COUNSELOR RECOMMENDATION:**

Please indicate below the number of years you have known the applicant, and based on program criteria, why you think he would make a good candidate for the Black Male College Explorers Program (BMCEP) at Florida A&M University. The following information should be included:

1. Why student is considered At-Risk.
2. List specific problems/reasons that influenced your recommendation of student to this program.
3. Include student academic performance (i.e. reading level, etc.).
4. List student’s specific characteristics that may include: quiet/talkative; respectful/disrespectful; friendly/hostile/pugnacious; and any other as applicable.

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**Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**STUDENT INFORMATION SCHOOL RELEASE FORM**

I hereby authorize (School Name) \_\_\_\_\_ to release the following portion of the student records which includes: educational data; test results of intellectual process and academic abilities; present levels of subject area performance; academic improvement plans; and individual educational plans, regarding my child:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 (Full Legal Name) (DOB) (Grade)

\_\_\_\_\_  
 Authorized Signature/Date Relationship

\_\_\_\_\_  
 Address City/State/Zip

\_\_\_\_\_  
 Home Telephone If no telephone, please give a telephone number where you can be contacted and an email address.

## STUDENT CODE OF CONDUCT ACKNOWLEDGEMENT FORM

Student' Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have received a copy of the Black Male College Explorers Program Student Code of Conduct (*Parent/Student Handbook*). I understand that these policies and disciplinary procedures will be enforced at Florida A&M University Black Male College Explorers Program (BMCEP). If I am found to be in violation of any of these policies, I can expect to receive disciplinary actions in accordance with the BMCEP policy.

Upon signing this form, I agree to adhere to the disciplinary structure set forth by its tenets. I also agree to work to maintain the integrity of the BMCEP, and the educational process set forth by the BMCEP's administration, faculty and staff.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I have received a copy of the Black Male College Explorers Program Student Code of Conduct. I understand that these policies and disciplinary procedures will be enforced at the Black Male College Explorers Program. If my child is found to be in violation of any of these policies, I can expect them to receive disciplinary actions in accordance with the BMCEP policy.

Upon signing this form, I agree to enforce and adhere to the disciplinary structure set forth by BMCEP. I also agree to work with my son(s) to maintain the integrity of the BMCEP, and the educational process set forth by BMCEP's administration, faculty and staff.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Failure to return this acknowledgement form will result in withdrawal of the application to attend the Black Male College Explorers Program at Florida A&M University. By signing this form, you are acknowledging that you have read and understood the guidelines as set forth in the handbook. You and your child will be held responsible for all of the information provided in the handbook to include the disciplinary actions.

## ALTERNATE PICKUP/RELEASE FORM

The individual listed is authorized to pick-up my son (s) in my absence. **(Must be completed and notarized before student can be released)**

Alternate Pickup Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Notary Use Only**  
**(Please do write below this line)**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by  
\_\_\_\_\_.

\_\_\_\_\_  
**Notary Signature**

{Notary Seal}

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**(To be completed by alternate pick-up person on site)**

Alternate Person Driver's License Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Dorm Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100



Office of Risk Management

TELEPHONE: (850) 599-3453  
FAX: (850) 412-5438

## Florida A&M University – Medical Consent and Liability Release

**This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in Summer Camp or Summer Academic Program activities.**

*References to Florida A&M University (henceforth referred to as FAMU) include Florida A&M University, acting by and through its Board of Trustees, the Florida Board of Governors, the State of Florida, its agents, officers, faculty and employees.*

***PLEASE READ CAREFULLY.***

### **MEDICAL CONSENT FORM**

I hereby grant permission for emergency medical service to be rendered as deemed necessary to my child (or myself). I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury, health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge FAMU from any and all liability, damages, claims and demands whatsoever, including attorney fees and court costs, which the undersigned, any heir or assigned has made.

I hereby declare and represent that I have read this statement, understood its contents, execute it of my free will and choice, and agree to be legally bound by it.

Initial \_\_\_\_\_  
Date \_\_\_\_\_

CONTINUE WITH NEXT SECTION

**LIABILITY RELEASE**

By signing this *MEDICAL CONSENT and LIABILITY RELEASE*, I assume any and all liability for any accident, injury, illness, damages or loss that may occur during my child/participant’s participation, or as a result of Summer Camp Activities at FAMU.

In consideration for the acceptance into or voluntary participation in the above stated activity/event, I/We hereby release, waive and discharge any and all demands and claims for, but not limited to, damages, personal injury, property damage, illness, death or loss which my child/participant may have or which hereafter accrue to me, against FAMU due to my child/participant’s participation in or as a result of the above mentioned activity/event. This release will discharge and hold FAMU harmless from and against any and all liability and demands (including attorney fees and court cost) arising out of or connected in any way with my child/participant’s participation in or as a result of the above mentioned activity/event, even though that liability may arise out of negligence on the part of persons or agencies mentioned above.

I/We further understand that damages, accidents, injuries or death could arise out of my child/participant’s participation or as a result of the abovementioned activity/event. Knowing this, I hereby agree to assume those risks, and to release and hold all agencies and persons mentioned above harmless who (through negligence or carelessness) might otherwise be liable to me.

I/We fully understand and agree this disclaimer, release, waiver and assumption of risk, is to be binding on my heirs and assigns.

**I HAVE READ THIS ENTIRE RELEASE. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.**

\_\_\_\_\_  
**Print** Name of Minor or Participant (if under 18 years old)

\_\_\_\_\_  
**Minor’s Date of Birth**

\_\_\_\_\_  
**Print** Name of Parent, Legal Guardian or Custodian

\_\_\_\_\_  
**Print** Name of Participant if 18 years or older)

\_\_\_\_\_  
**Signature** of Parent, Legal Guardian or Custodian

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature** of Participant if 18 years or older

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number (s)**

**PHOTOGRAPHY/VIDEO CONSENT, RELEASE AND COVENANT NOT TO SUE  
FLORIDA A&M UNIVERSITY**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself, my heirs, administrators, executors, or assigns, hereby agree that the Florida A&M University Board of Trustees ("FAMU" or "University") and its agents shall have the right:

to record my child/participant's participation, appearance, image, likeness, silhouette, and voice on video, audio, film, photographic, digital, electronic or any other medium existing or hereafter invented, and at its option to use of my child/participant's name in connection with such recordings or by descriptive text or commentary; and

to use, reproduce, edit, crop, retouch, otherwise reasonably alter, exhibit, distribute or publish these recordings in whole or in part in perpetuity in any and all media throughout the universe, including but not limited to print, electronic, video, CD-ROM, advertisements, Internet or in any other medium existing or hereafter invented.

I hereby unconditionally and irrevocably consent to the University's, and those acting on its behalf, authority use of such recordings for any legal purpose the University deems appropriate for the benefit of the University, including commercial and advertising purposes. 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 Consent and Release, including, without limitation, the license or sale of such materials by the University and the University publishing, printing, displaying, exhibiting, distributing or otherwise publicly using any such materials for any legal purposes. Furthermore, I understand and agree that any intellectual property rights associated with such recordings are the sole property of the University as well as any other rights, title and interest in any and all results and proceeds associated with such use. However, the University is not obligated to make any use of or exercise any of the rights granted herein.

I hereby release and hold harmless FAMU, the Florida Board of Governors, the State of Florida and their employees, agents, and personnel for, from, and against any and all claims, demands, actions, causes of action, suites, costs, expenses, liabilities, and damages whatsoever that I may hereafter have, from liability for any violation of any personal or proprietary right I may have (including, but not limited to, claims for compensation, royalties, invasion of privacy, misappropriation, or defamation) arising out of the use of my appearance, image, likeness, voice or name in any medium, and expressly waive any rights to privacy I may have under the Family Educational Rights and Privacy Act ("FERPA") and/or §1002.225, Florida Statutes pursuant hereto, and furthermore, covenant not to sue the University.

I have read and understand the terms of this Consent, Release and Covenant Not to Sue and I represent that I **am, am not (circle one)** eighteen years of age or older. **If the individual is under the age of eighteen (18), his parent/guardian must sign below.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## FAMU Summer Camp Medical History

The purpose of this form is to provide camp staff with information regarding your child/participant's current health status. This form is required for treatment if the participant should become ill or injured while involved in a FAMU summer camp program.

### GENERAL INFORMATION

<b>Name of Participant</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Gender</b>
Home Street Address (include City, State and zip code)			
Emergency Contact	Relationship	Phone # (home)	Phone # (cell)
Physician's Name			Phone Number

### ALLERGIES

Please list all allergies to medications, food, insect bites/stings, animals, plants, other, etc. Include the type of reaction and severity and recommended treatment. Please use additional pages if necessary.

Allergy	Reaction/Severity	Recommended Treatment

1. Does your child/participant suffer from Anaphylaxis? Yes No

\* *Anaphylaxis is a severe allergic reaction marked by swelling of the throat, hives and trouble breathing*

2. Does your child/participant require an epinephrine pen (Epi-pen)? Yes No

3. Does your child/participant require an inhaler? Yes No

### MEDICAL CONDITIONS

Please document any current medical conditions, chronic illness or other health concern that would be needed to assist the staff or medical personnel in an emergency situation. Include any restrictions on activities.

Medical Condition	Effects/Restrictions/Precaution/Limitations

### MEDICATIONS

List all medications your child/participant currently takes; include the dosage schedule and any specific instructions for use. Also, please indicate (Yes/No) if the minor child/participant is allowed to take their medication on their own, or if it should be monitored by a camp counselor. This also includes any type of birth control.

Medication	Purpose	Dose schedule	Specific Instructions	Self-Medicare (Yes/No)

\* *Be sure to bring enough medication in sufficient quantities and in the original containers labeled with the child/participant's name and doctor's contact information. Make sure they are not expired, including inhalers and epi-pen(s).*

**Over-the-Counter Medications**

My child/participant has permission to take over-the-counter medications in case of accident, illness or injury. The camp is not responsible for providing any over-the-counter medications. Please check all that they have permission to take:

<input type="checkbox"/> Tylenol/Acetaminophen	<input type="checkbox"/> Tums/Antacid	<input type="checkbox"/> Special considerations or notes regarding over-the-counter medications:
<input type="checkbox"/> Ibuprofen (pain/swelling)	<input type="checkbox"/> Imodium/anti-diarrhea	
<input type="checkbox"/> Benadryl/Antihistamine	<input type="checkbox"/> Antibacterial gel/lotion	
<input type="checkbox"/> Robitussin/ Expectorant	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Sudafed/Decongestant	<input type="checkbox"/> Other _____	
<input type="checkbox"/> upset stomach and anti-diarrhea/antacid (Pepto Bismal)	<input type="checkbox"/> Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.)	

**NUTRITION**

Does your Participant have any special dietary requirements or regime to be followed?    Yes    No  
 If yes, please explain: \_\_\_\_\_

**IMMUNIZATIONS**

Has your Participant received the following vaccines?

Vaccine	Date(s) of Immunization
MMR 2 (shots are required)	
Tetanus	

**HEALTH INSURANCE INFORMATION**

Providing this information does not guarantee payment of your claim by your insurance company. You are Responsible for any charges for services rendered. Attach a copy of the front and back of your insurance card.

<b>Policy Holder's Name</b>	<b>Name of Insurance Carrier</b>
Policy #	Group #
Insurance Company Address (street, city, state, zip)	Telephone Number

**Health Information Privacy Statement and Authorization**

The FAMU Summer Camp Medical History Form is for health care concerns for minors attending a FAMU sponsored camp/activity. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. Minimal necessary information may be shared with program staff to provide adequate participant safety and health care. Access to this information will be limited, but copies may be requested by the camp sponsor, by the participant or their legal representative. In the case of illness, injury or emergency, I understand that efforts will be made to contact the individual listed as the emergency contact by camp personnel. Medical providers are authorized to disclose protected health information to the adult in charge, camp management and/or to any health care provider involved in providing care to my Participant. I have read the above procedures for handling the health and medical information and agree to the release of any records necessary for treatment, referral, billing, insurance purposes and ongoing care.

I attest that the information I have provided in the FAMU Summer Camp Medical History Form is complete and accurate. I am aware of and accept the risks inherent in program activities and my Participant has permission to engage in all prescribed activities, except as noted by me. \_\_\_\_\_ (Participant's name) has my permission to receive medical attention in the event of illness, injury or medical emergency while participating in the FAMU summer camp program. I will assume the financial responsibility for any cost of health care for my Participant that may occur during this camp. I agree to hold harmless, defend and indemnify the FAMU Board of Trustees, FAMU their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my Participant in the course of the event/camp.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Excellence With Caring

Environmental Health and Safety

# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

## Statement of Informed Voluntary Consent and General Release (MINORS)

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you or your child/participant may sustain as a result of participation in the Event below.

References to Florida A&M University (henceforth referred to as FAMU) include Florida A&M University, acting by and through its Board of Trustees, the Florida Board of Governors, the State of Florida, its agents, officers, faculty, staff and employees.

### PARTICIPATION AGREEMENT

I, \_\_\_\_\_ freely choose and/or voluntarily consent to my participation or the participation of my minor child/participant, **(Print Minor(s)'s Name)** \_\_\_\_\_ in the following event(s): \_\_\_\_\_ taking place on or about: (start date) \_\_\_\_\_ to (end date) \_\_\_\_\_ at (location/address) \_\_\_\_\_ (henceforth referred to as The Event).

I fully understand that FAMU in no way represents, is not an agent of, and has no responsibility for, any third party, including without limitation any sponsor that may provide any services including food, lodging, travel, or any services associated with The Event.

I agree that by participating in any activity is an acceptance of risk of injury or death and property loss or damage. I acknowledge and agree that it is my obligation to make any necessary inquiries regarding my or my minor child/participant's ability, physically or otherwise, to safely participate in The Event. I confirm there are no health, physical, or psychological conditions that preclude my or my minor child/participant's participation in The Event. I agree to assume responsibility for the consequences of my and my minor child's own decisions and actions. I agree to direct my minor child to observe any rules, regulations and practices, which may be employed to minimize the risk of harm.

I am also aware that there is certain behavior that is unacceptable and could lead to possible disruption of my or my minor child/participant's participation in The Event. I assure FAMU that I will direct my child/participant to act in an appropriate manner at all times. Such behavior shall include times when in the company of other participants on The Event. My child/participant will not wear, use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to my child/participant or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in The Event.

### INFORMED CONSENT AGREEMENT

I understand that despite precautions taken, accidents and injuries may occur. I also understand that travel and other activities undertaken during The Event may be potentially dangerous and that I may be injured and/or lose or damage personal property as a result of my participation. Therefore, **I ASSUME ALL RISKS RELATED TO ALL ACTIVITIES DURING THE EVENT** including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of participating in an activity or contact physical surroundings or other persons.
- Death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority.

- Theft, damage, destruction or loss of my personal property while in transit or during The Event.
- Natural elements (sun, wind rain, etc.), natural disasters, weather, animal attacks, strikes, wars, hostilities or other disturbances, and alteration or cancellation of The Event due to such causes.
- Malfunction or personal misuse of equipment related to the The Event.

I acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness or injury, weather, strikes, or other unforeseen causes. I also acknowledge and understand that in the event my minor child and/or I become detached from The Event group I will bear all responsibility and cost to seek out, contact, and reach The Event group.

I further acknowledge that FAMU has no medical, health or hospitalization insurance to cover me or my minor child in the event of an accident, injury or death and I have been advised to obtain my own or for my minor child, his own medical, health or hospitalization insurance. I accept total responsibility for any healthcare and/or transportation expenses.

**RELEASE FROM LIABILITY, INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE**

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in The Event, I agree, to the fullest extent permitted by law, to **FOREVER RELEASE** and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, **HEREBY DO FOREVER RELEASE, COVENANT NOT TO SUE** and agree to **INDEMNIFY AND HOLD HARMLESS** FAMU from any cause of action, claims, losses, costs or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, heirs, representatives, executors, administrators and assigns may now have, or have in the future against FAMU on the account of personal injury, bodily injury, property damage, death, accident or loss of any kind, arising out of or in any way related to my participation in The Event and/or the use of facilities, equipment, or services in association with The Event howsoever the injury or loss is caused, whether by the negligence of FAMU or otherwise.

My signature indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen (18) years of age and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will and fully intending to be legally bound by the same. This agreement is made in full, adequate and complete consideration of my participation in The Event.

This agreement shall be construed and enforced in accordance with the laws of the State of Florida, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Florida, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING**

Participant name Printed: \_\_\_\_\_

Signature (if 18 years of age or older): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

Print name of Parent / Guardian (if Participant is under 18 years of age or a dependent child): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone Number (s) (if different from above): \_\_\_\_\_



# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

TELEPHONE: (850) 599-3453  
FAX: (850) 412-5438

Office of Risk Management

## DOMESTIC Travel Participation Agreement

(Non-FAMU Students and Staff)

**This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in off-campus activities.**

*References to Florida A&M University (henceforth referred to as FAMU) include Florida A&M University, acting by and through its Board of Trustees, the Florida Board of Governors, the State of Florida, its agents, officers, faculty and employees,*

### PARTICIPATION AGREEMENT

I, \_\_\_\_\_ freely choose and/or volunteer to allow my child to participate in any  
(Print Name)

And all Trip(s) from on or about **June 3, 2020**, through **June 25, 2020**, (henceforth referred to as The Trip(s)).

I fully understand that FAMU in no way represents, is not an agent of, and has no responsibility for, any third party, including without limitation any sponsor that may provide any services including food, lodging, travel, or any services associated with The Trip. I agree to inform myself about the potential dangers of the areas my child/participant is traveling to and precautions, which should be taken.

I have advised FAMU that there are no health or psychological conditions that preclude my child/participant's participation in The Trip. I agree to make personal decisions and conduct my private life in an intelligent, prudent fashion, paying particular attention to local conditions. I agree to assume responsibility for the consequences of my own and that of my child's decisions and actions.

I understand that should I or my child have or develop legal problems with any U.S., foreign nationals or government or other person/entity, I will attend to the matter personally with my own personal funds. I understand that FAMU is not responsible for providing any assistance under such circumstances and FAMU will not act as my legal representative if I am detained or arrested.

I agree that participating in any activity is an acceptance of risk of injury or death and property loss or damage. I agree that my safety is also dependent upon my observing all safety precautions and rules. I understand that it is my responsibility to know what my child/participant will need for The Trip and to provide what he/she will need. I agree to make sure that my child knows how to safely participate in any activities, and I agree that my child/participant will observe any rules and practices, which may be employed to minimize the risk of harm.

Initial \_\_\_\_\_

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I am also aware that there is certain behavior that is unacceptable and could lead to possible disruption of my child/participant's participation in The Trip. I assure FAMU that my child/participant shall act in an appropriate manner at all times. Such behavior shall include times when in the company of other participants on The Trip, **and** when my child/participant may be physically separated from the participants on The Trip.

As a FAMU **program my child/participant** will abide by the University's Codes of Conduct while on The Trip. My child/participant will not wear, use or do anything that would pose a hazard to him or others, including using or ingesting any substance which could pose a hazard to him or others. I agree that if my child/participant does not act in accordance with this agreement my child may not be permitted to continue to participate in The Trip.

**Initial** \_\_\_\_\_ **Minor Child's Initials** \_\_\_\_\_

### **INFORMED CONSENT AGREEMENT**

I understand that despite precautions taken, accidents and injuries may occur. I also understand that travel and other activities undertaken during The Trip may be potentially dangerous and that my child/participant may be injured and/or lose or damage personal property as a result of his participation. Therefore, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of participating in an activity or contact physical surroundings or other persons; arising from travel by air, car, boat, bus, train or any other means.
- Death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority.
- Theft of or loss of my personal property while in transit or during The Trip.
- Natural disaster, weather, strikes, wars, hostilities or other disturbances, and alteration or cancellation of The Trip due to such causes.

I acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness or injury, weather, strikes, or other unforeseen causes. I acknowledge and understand that FAMU assumes no liability whatsoever for any loss, damage, destruction, theft or the like to Participant's luggage or personal belongings, and that participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold FAMU harmless therefrom.

I also acknowledge and understand that in the event my child/participant becomes detached from the Trip group, or fails to meet a departure bus, airplane, or train, as a result of my child's/participant's actions, I shall bear all cost attendant to rejoining the Trip group at its next available destination.

I further acknowledge that the aforementioned is not inclusive of all possible risks associated with The Trip and in no way limits the extent or reach of this release and covenant not to sue. I further understand that participating in The Trip is an acceptance of risk of injury or death and property loss or damage.

**Initial** \_\_\_\_\_

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**MEDICAL CONSENT AND LIABILITY RELEASE**

I understand and agree that FAMU does not have medical personnel available at the location of The Trip, during transportation, or anywhere in a foreign country.

I hereby grant permission for emergency medical service to be rendered as deemed necessary. I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury to my child/participant's health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. For these expenses I accept total responsibility. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge and defend FAMU from any and all liability, damages, claims and demands whatsoever, including attorney's fees and court cost, which I or any heir or assigned will make.

I am aware of aware of my child/participant's personal needs and hereby assure the University that I have consulted with a medical doctor, as I may have deemed necessary, with regard to any personal needs. Further, I am aware that the University cannot be responsible for attending to any medication needs of the undersigned.

Initial \_\_\_\_\_ CONTINUE WITH THE NEXT SECTION

**FAMU'S RIGHTS AND POWERS**

FAMU reserves the right and authority to cancel without penalty the offering of The Trip and to withdraw any part of The Trip and to make any alterations, deletions, or modifications in the itinerary and/or The Trip as deemed necessary by FAMU.

Initial \_\_\_\_\_ CONTINUE WITH THE NEXT

**RELEASE FROM LIABILITY, INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE**

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to my child/participate in The Trip, I agree, to the fullest extent permitted by law, to **FOREVER RELEASE** and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, **HEREBY DO FOREVER RELEASE** FAMU from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which my child, I, or my spouse, heirs, representatives, executors, administrators and assigns may now have, or have in the future against FAMU on the account of personal injury, bodily injury, property damage, death, accident or loss of any kind, arising out of or in any way related to my child's participation in The Trip and/or the use of facilities, equipment, or services in association with The Trip howsoever the injury or loss is caused, whether by the negligence of FAMU or otherwise.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in The Trip, **I COVENANT NOT TO SUE** and agree to **INDEMNIFY AND HOLD HARMLESS AND DEFEND** FAMU from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my child's participation in The Trip and my child's use of facilities, equipment, or services in connection with The Trip.

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I hereby certify that I have full knowledge of the nature and extent of the risks inherent in The Trip and the use of facilities, equipment, or services in association with The Trip, and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely responsible for any loss or damage, including death, which my child/participant sustains or causes, whether in whole or in part, while participating in The Trip and his use of facilities, equipment, or services in association with The Trip, and that by this agreement I am relieving FAMU of any and all liability for such loss, damage or death.

My signature indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen (18) years of age and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will and fully intending to be legally bound by the same. This agreement is made in full, adequate and complete consideration of my child's participation in The Trip.

This agreement shall be construed and enforced in accordance with the laws of the State of Florida, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Florida, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Initial** \_\_\_\_\_ CONTINUE WITH THE SIGNATURE PAGE

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**IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING**

Participant Printed Name: \_\_\_\_\_

Signature (if 18 years of age or older): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

Pre-existing allergies, illness or injuries: \_\_\_\_\_

Print name of Parent / Guardian (if Participant is under 18 years of age or a dependent child): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

**Emergency Contact Information for Participant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**Participant and Parent signatures need not be notarized but must be witnessed.**

Witness name Printed: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

**\*\*ORIGINAL DOCUMENT MUST BE KEPT IN THE OFFICE OF THE UNIT SPONSORING THE TRIP\*\***

SUMMER PROGRAMS RULES

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1. Campers will be respectful of their peers and instructors.
2. Campers will not be permitted to wander around the campus unsupervised. They will have an escort (counselor, mentor, or resident advisor) with them at all times.
3. All campers who will be leaving the program after an evening culminating activity must check out of the dorm, with an approved parent or guardian, prior to the activity.
4. Each camper will have a signed Travel Authorization, Medical Release and Medical History Form on file.
5. Campers will adhere to appropriate dress code. No halter tops, tube tops, bare backs, shirts that show cleavage and midriff, excessively baggy or tight fitting clothes, sagging pants, clothing that displays profanity, uses suggestive, discriminatory or vulgar language, promotes in any way gang affiliation, tobacco, alcohol or drug use are to be worn at any time.
6. Campers will wear appropriate identification at all times. This includes a camp identification lanyard worn around the neck at all times. Additionally, as a safety measure, camp identifying apparel (T-shirts, hats, etc...) will be worn when campers are participating in activities away from the University.
7. All programs will have a centralized location for checking campers in and out. No parent, guardian, sibling, or other relative will be permitted to pick up a camper without prior notice to the camp Director. The person picking up the camper must present a valid form of identification and must be listed on the authorized pick up list. Parents and guardians will be informed of these rules to avoid confusion and delays in checking out campers. No camper will be released without notice and identification. Campers who are checked out by a parent or guardian must be back at the dorm by a time specified at checkout. **Emergencies** will be the exception.
8. Campers are not permitted to have a car on campus. If the camper has a job, they must make other arrangements to get to and from the job site.

**A. Class I. Violations:**

1. Tardy to class or activity
2. Failure to report to an assigned area
3. Leaving class without permission
4. Loud talking or running in any building
5. Cheating in class
6. Inappropriate dress
7. Unauthorized use of FAMU or other campers' property
8. Use of cell phone or any electronic device during structured activities
9. Failure to maintain sleeping areas in safe and sanitary manner
10. Failure to open room door for assigned program staff

**Consequences of Class I Violations**

1. First Offense: Conference with student, director and adult camp staff member.
2. Second Offense: Conference with student, director, adult camp staff member, and parent/guardian and denial of privileges.
3. Third Offense: After meeting with director, adult camp staff member and Summer Programs coordinator, student will be immediately dismissed from the program for the remainder of the summer.

**B. Class II Violations**

1. Gambling or betting with money
2. Profanity, racial slurs, insults
3. Visitors on campus (other than immediate family)
4. Personal car on campus
5. Disruptive behavior during structured activities
6. Un-escorted around campus at any time
7. Pulling the fire alarm or tampering with emergency equipment
8. Aggressive, disrespectful and/or abusive behavior or lack of courtesy toward other campers

**Consequences of Class II Violations**

1. First Offense: Conference with student, director, adult camp staff member, and parent/guardian and denial of privileges.
2. Second Offense: After meeting with director and/or adult camp staff member and Summer Programs coordinator, student will be immediately dismissed from the program for the remainder of the summer.

**C. Class III Violations**

1. Possession or use of alcohol or illegal drugs (Notify police)
2. Possession or use of any kind of weapon (e.g. knives, firearms) (Notify police)
3. Possession or use of fireworks, matches or lighters
4. Possession or use of tobacco
5. Fighting, threatening/physical abuse (Notify police)
6. Leaving campus without permission
7. Males entering female dormitory or females entering male dormitory
8. Breaking curfew away from dorm
9. Hazing (Notify police)
10. Stealing or robbery
11. Aggressive, disrespectful and/or abusive behavior or lack of courtesy toward camp staff
12. Intentional damage to private property or university facilities, vandalism/trespassing (Notify police)
13. Inappropriate sexual behavior

**Consequence of Class III Violations**

1. After meeting with Camp Director and/or Coordinator, the Director of Continuing Education and the Summer Programs Coordinator, the student will be immediately dismissed from the program for the remainder of the summer.
2. The student's parents or guardian will be notified and must remove the student from the University's premises.
3. Failure of the parent/guardian to remove the child will require the University to notify Law Enforcement and have the child remanded to custody of Leon County Juvenile Detention.

*By signing below, you indicate that you are aware of the above referenced rules and will abide by them for the entire time you are participating in any of the FAMU Summer Camps.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Summer Program Information Sheet – Please Read Carefully*

***The Buses*** will pick up Florida students on **Sunday morning, - 1st pickup begins at 1:00AM in West Palm Beach, Florida**, and arrive in **Tallahassee, Florida on Sunday noon/evening at Florida A&M University Gibbs Hall**. Local student's **check-in time starts at 12:00N at Florida A&M University Gibbs Hall**.

1. Parents or sponsors ***must mail*** the enclosed Florida A&M University Medical Consent and Liability Release Form, Summer Programs Consequences for Violating RULES, and the Domestic Travel Participation Agreement prior to arriving on campus.
2. Students/Participants should bring their own telephone. The university provides telephone jacks in each room for local calls only. We recommend providing students with telephone cards for long distance calls. Cellular telephones are permitted; however, ***under no circumstances will they be allowed during class instruction.***
3. Students are only allowed two pieces of regular size luggage but no trunks. Please pack accordingly since space is very limited on the bus and in dormitory rooms. The following items are suggested. \*A packing list has also been provided with additional information.
  - Students must bring at least two (2) twin sheets, one (1) pillow and one (1) pillowcase. Additionally, two (2) sets of towels and wash cloths are recommended. Students requiring additional cover for their beds must bring their own spreads or comforters.
  - Students shall bring their own personal hygiene items such as toothpaste, toothbrush, soap, deodorant, shampoo, mouth wash, combs & brushes for hair, and any other essentials.
  - BMCEP students will wear a suit or sports coat and slacks each Sunday. Pants shall not be more than two inches larger than waist size and pants will not be worn lower than two inches below the navel.
  - BMCEP students will not be allowed to wear earrings at any time during the program and we strongly encourage that all jewelry, expensive clothing, and electronic items be left at home. The university (FAMU) is not responsible for any lost or stolen items. Please do not bring any items of value.
  - Students should bring casual clothing for very hot weather 85°– 100° degrees, such as polo shirts or button down shirts, and kaki or denim slacks. Students will have dress day each Friday.

4. While regular short pants are permissible (mid-thigh or slightly above the knee), gym shorts will not be allowed in classrooms or other formal settings such as: all cafeteria meals, which will require appropriate neat dress. Students should label all their clothing and other personal items for identification, if lost or stolen.
5. It is important that parents/guardians complete the Medical History form as accurately as possible and submit it with a copy of the child/participant's health insurance card. Tallahassee, Florida, offers two full-service hospitals and numerous urgent care facilities where participants may receive care in the event of an emergency. Parents are responsible for any charges incurred that may not be covered by their insurance provider.

All administrators, advisory committee members, mentors, parents, and teachers are invited to attend the *Annual Awards Banquet and Ceremony held on **Wednesday, June 24, 2020***. This ceremony concludes our summer program and rewards our young men/ladies on a Job Well Done!

Thank you for your interest in the Black Male College Explorers Program (BMCEP). The deadline for the application is **April 19, 2020** "No Exception." Mail the completed application with an official copy of student transcript to:

**Florida A&M University**  
**College of Education**  
Black Male College Explorers Program  
**306 Gore Education Center, Unit-C**  
**501 Orr Drive**  
**Tallahassee, Florida 32307**  
**Telephone: (850) 561-2407 or 561-2408**  
**Fax: (850) 599-8098**