

Please make sure you sign and return the following attached documents to an ETS Staff Member:

**ONE PACKET PER STUDENT**

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

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

1. \_\_\_\_\_ Permission to Participate in Pre-College Programs
2. \_\_\_\_\_ Release Waiver of Liability
3. \_\_\_\_\_ Informed Consent & Field Trip Form
4. \_\_\_\_\_ ETS Student Contract
5. \_\_\_\_\_ Summer Pre-College Parent Consent Form
6. \_\_\_\_\_ Brulee Food Allergy Consent Form



TALENT SEARCH

**Student Access  
& Success**



**Florida International University**  
**PERMISSION TO PARTICIPATE IN THE PRE-COLLEGE PROGRAMS**

Period of Activity: Summer/ Fall 2024 /Spring 2025

Name of Participant\_\_\_\_\_

**Liability Release**

I, \_\_\_\_\_ the undersigned parent or guardian of the above named participant (hereinafter "participant"), do grant my permission to him/her to participate in certain activities described to me as the Pre-College Programs during the period of time indicated above. These activities have been described to me in detail and I am familiar with all aspects of the activities contemplated as part of these activities at Florida International University and surrounding areas. I have been given an opportunity to question the sponsors of Pre-College Programs and am satisfied that I know of the activities planned for my child, including, but not necessarily limited to: being transported by car, airplane, bus, or other modes of public transportation to Florida International University; participation in educational workshops; attendance at social or recreational events; and participating in rap sessions at which time my child may be asked to share very private thoughts, feelings, and experiences with other participants, youth professionals, and other persons in attendance at the rap session.

I hereby certify that the above referenced child is in good health and does not have a condition that would prevent him/her from participating fully in all activities described to me. If there is a health concern, I will fully discuss it with the Pre-College Programs administrator.

In consideration of being permitted to participate in Pre-College Programs, I, on behalf of myself, my spouse, my child or legal ward (hereinafter collectively referred to as "releaser"), do hereby release, waive and discharge the sponsors, organizers, volunteers, employees, officers and board members of Pre-College Programs and/or Florida International University (hereinafter collectively referred as "sponsors"), from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of injury to person or property, whether caused by negligence or otherwise.

Releaser agrees to indemnify sponsor and each of them from any loss, liability, damage or cost they may incur due to the presence or participation of the above referenced Pre-College Programs participant, whether caused by negligence of the releaser or otherwise.

Releaser hereby assumes full responsibility for the risk of bodily injury or property damage due to the negligence of participant or otherwise while participating in the Pre-College Programs.

Releaser expressly agrees that this release, waiver, and indemnity is intended to be as broad and inclusive as permitted by the laws of Miami, FL. and that if any portion thereof is held invalid, it is agreed that the balanced shall, notwithstanding, continue in full force and effect.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK (MINORS)**

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, a minor child, younger than 18 years of age, (“**My Child**”), whose address is \_\_\_\_\_. I acknowledge that My Child has been provided with the opportunity to participate in the 2023 ETS Summer Academy (the “**Program**”) on The Florida International University Board of Trustees’ (the “**University**”) Biscayne Bay Campus, in Miami, Florida, from June 17, 2024 – July 12, 2024.

I give the University authority to (i) record the likeness and voice of My Child on a video, audio, photographic, digital, electronic or any other medium and to use My Child’s name in connection with these recordings; and (ii) use, reproduce, exhibit or distribute these recordings in whole or in part in perpetuity in any and all media throughout the universe (including, but not limited to, print publications, video tapes, non-theatrical, home video, CD-ROM, internet and any other electronic or other medium presently in existence or invented in the future) for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional, recruiting, advertising and any commercial or non-commercial use. I understand and agree that all such recordings, in whatever medium, shall remain the property of the University.

I hereby release the University from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I or My Child may have from liability for any violation of any personal or proprietary right I or My Child may have in connection with the use of My Child’s likeness, voice, or name in any medium, and expressly waive any rights to privacy I or My Child may have under the Family Educational Rights and Privacy Act ("FERPA"); §1002.22, Fla. Stat.; and/or any other applicable law.

I acknowledge that I am aware of risks and hazards connected with the Program and its related activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or My Child. I acknowledge that My Child’s participation in the Program is purely optional and that My Child is freely and voluntarily participating in the Program, despite any such risks and hazards.

I understand that part of the risk involved in undertaking any activity is relative to My Child’s own state of fitness. I acknowledge that My Child has no physical condition that would prevent him/her from safely participating in these activities. I give my consent for emergency medical treatment rendered to My Child in the event of injury or illness and agree to be responsible for all costs associated with My Child’s transportation and treatment.

I acknowledge the risk that My Child may have contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions or diseases does exist, and that it is impossible to eliminate the risk that My Child could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I knowingly and voluntarily assume all risks related to My Child’s exposure to COVID-19 or other medical conditions or diseases.

I acknowledge and agree that I will not allow My Child to participate in the Program or to be in the Premises on any day (A) that in the then past 48 hours, My Child or a close contact of My Child (such as parents or siblings) has experienced any of the following symptoms that are new or unusual for My Child or said close contact of My Child: fever (temperature of 100.4°F or higher) or chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea; (B) if My Child or a close contact of My Child (such as parents or siblings) has been in contact with anyone diagnosed with, or displaying symptoms of, COVID-19 within the then last 14 days; and/or (C) if My Child or a close contact of My Child (such as parents or siblings) within the then past 14 days has tested positive for COVID-19.

I, for myself, for My Child, My Child’s heirs, executors, administrators and assigns, hereby release, waive, relinquish, and forever discharge and hold harmless FLORIDA INTERNATIONAL UNIVERSITY, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, and their respective officers, directors, employees, representatives, trustees, agents, students and volunteers (collectively “**FIU**”) from any and all claims, demands, damages, actions and causes of action, including, but not limited to, claims, demands, damages, actions and causes of actions for personal or bodily injury, damage or loss of property, or wrongful death, which I, My Child, My Child’s heirs, executors, administrators, and/or assigns have or may ever have arising out of, by reason of,

or in any manner related to My Child's participation in the Program and its related activities on FIU's Premises, whether the same should arise by reason of negligence of FIU or anyone organizing or participating in the activity or otherwise or in any way whatsoever or howsoever caused by the negligence of FIU. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts of or other conduct by FIU. Further, I hereby agree that under no circumstances will I, for myself, for My Child, My Child's heirs, executors, administrators and/or assigns, prosecute or present any claim for personal or bodily injury, damage or loss of property, or wrongful death against any or all of FIU. It is my intention by this instrument to exempt and relieve FIU from any and all liability arising out of My Child's participation in the Program, including, but not limited to, liability for personal or bodily injury, damage or loss of property, or wrongful death.

I further expressly agree that this Release, Waiver of Liability, and Assumption of Risk is intended to be as broad and as inclusive as the laws of the State of Florida will allow, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.

I further represent and state that I am not relying on any oral or written representation or statements made by FIU. I further agree that this Release, Waiver of Liability, and Assumption of Risk shall be governed by and interpreted in accordance with the laws of the State of Florida.

In signing this Release, Waiver of Liability, and Assumption of Risk, I acknowledge and represent: (i) that I have read and understand it; (ii) that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) that I am giving up substantial rights by signing it; and (iv) that I am at least eighteen (18) years of age and fully competent. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

**I HAVE READ THE ABOVE RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT AND, BY SIGNING IT, VOLUNTARILY AGREE TO BE BOUND BY IT, AND AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE FIU FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE OF ACTION.**

Parent or Legal Guardian for \_\_\_\_\_:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Educational Talent Search Parent/Guardian Field Trip Permission/Emergency Information/Informed Consent Form**

<p><b>I hereby grant permission for (student) _____ to participate in the ETS Summer Academy Field Trips between June 17 and July 12, 2024 and to make authorized or emergency stops as necessary.</b></p>
<p>Students will be traveling in the following manner: School Bus or Charter Bus _____</p>
<p>As the parent/guardian, I have read the field trip itinerary and details presented to me and understand that there are risks associated with my child’s participation in this field trip. I acknowledge and agree that this field trip is an educational, non-commercial, activity. To the fullest extent permitted by applicable law, I, as parent/guardian of the above named student, on my own behalf as parent and on behalf of my child, hereby release, hold harmless, and indemnify Florida International University, its officers, employees and volunteer chaperones, from any and all liability for any and all claims I or my child may have arising from any act, omission, incident, accident, or injury suffered as a result of the above-named student’s participation in this field trip, including, but not limited to, any injury or illness sustained as a result of consuming any food or beverage prepared by a commercial food service/outlet establishment. I also agree to immediately report to the ETS staff any injuries or illness that the above-named student may have been sustained as a result of attending this field trip.</p> <p>All provisions of the Code of Student Conduct apply to field trips and related activities. To ensure student safety and compliance with the Code of Student Conduct, I hereby irrevocably and unconditionally consent to the search of my child’s luggage, belongings, and rooms by FIU personnel or chaperones at all times during this field trip, including all times of transit. I also acknowledge and agree that this field trip may be canceled at any time within the sole discretion of FIU personnel, and that FIU will not provide, and has no liability for, refunds or reimbursement in the event of a canceled field trip.</p> <p>I authorize university representatives to obtain medical treatment for the above-named student, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment. I agree it is my responsibility to provide to school administration information regarding any known allergies, medical conditions and/or required medications my child needs to take before, during and after the field trip. I have documented below all precautions/instructions regarding my child’s medication. I have also noted any special health-related conditions or allergies regarding the above-named student.</p>
<p>Allergies: _____</p> <p>Medical Conditions: _____</p> <p>Medical Procedures/Medications: _____</p>
<p><b>Student Phone Number:</b> _____</p> <p><b>Print Name Parent/Guardian)</b> _____ <b>Signature of Parent/Guardian</b> _____</p> <p><b>Home Phone</b> _____ <b>Cell Phone</b> _____</p> <p><b>Work Phone</b> _____ <b>Alternate Emergency Contact</b> _____</p> <p><b>Home Phone</b> _____ <b>Cell Phone</b> _____ <b>Work Phone</b> _____</p>



## Educational Talent Search – Summer Academy 2024 STUDENT CONTRACT

1. **Program Dates:** June 17 – July 12, 2024 (No Summer Academy July 4<sup>th</sup> & 5<sup>th</sup>)

2. **Program Times:** 10:00 AM – 2:00 PM

Late Pick-Up: Students may be picked up any time prior to the ending of the activity, but they must be picked up NO LATER than the ending of the activity. If an emergency arises, parent is expected to make arrangements so that the student will be picked up on time and to also notify the program contact accordingly. Parents who are unable to pick up their child on time, on a regular basis, may lose the services of the program. A pre-college program staff/teacher will remain with all students until all students are picked up.

3. As a participant in the ETS Summer Program, I agree to the following terms and conditions:

**\*Class Performance:** I will attend all classes, participate actively, and complete all assignments on time. I understand that my class performance will be evaluated based on my participation, completion of assignments, and academic progress.

**\*Conduct Guidelines:** Any display of disrespectful behavior towards instructors, camp counselors, fellow students, university personnel, bus drivers, university buildings, and/or cafeteria workers will result in immediate dismissal from the program.

**\*Attendance:** I understand that attendance is mandatory for all classes and activities in the program. If I am unable to attend a class or activity due to illness or any other unavoidable circumstance, I will notify my instructor or program coordinator \_\_\_\_\_ in \_\_\_\_\_ advance

**\*Field Trips:** We will be partaking in various field trips during our summer program. Field trips are a privilege and students will be required to participate in the weekly academic sessions and other workshops during the week to partake in the Friday field trips and other non-academic activities. I understand that attendance on field trips is a privilege and not a right. If I wish to attend a field trip, I must meet all academic requirements and conduct guidelines.

**\*Program Termination:** I understand that the program reserves the right to terminate my participation at any time if I fail to comply with the terms and conditions of this contract or if my conduct is deemed inappropriate or harmful to

others.

#### 4. Path to College Workshops

Students will attend supplemental workshops led by various ETS staff or guest speakers. These workshops will engage students in topics such as college, careers, choosing majors, and other post-secondary topics.

By signing below, I acknowledge that I have read and understand the terms and conditions of this contract and agree to comply with them to the best of my ability.

\_\_\_\_\_  
(Student's Name) (Student's Signature)

\_\_\_\_\_  
(Parent's Name) (Parent's Signature)



# Florida International University

## Pre-College Programs

### PARENTAL PERMISSION CONSENT FORM

I, the undersigned parent or guardian of the above named participant (hereinafter "participant"), do grant my permission to him/her to participate in certain activities described to me as the Pre-College Programs during the period of time indicated above. These activities have been described to me in detail and I am familiar with all aspects of the activities contemplated as part of this program at Florida International University and surrounding areas. I have been given an opportunity to question the sponsors of the Pre-College Programs and am satisfied that I know of the activities planned for my child, including, but not necessarily limited to: field trips where my child will be transported by bus or other modes of public transportation to and from Florida International University; participation in educational workshops; attendance at social or recreational events; and participating in discussion groups at which time my child may be asked to share very private thoughts, feelings, and experiences with other participants, youth professionals, and other persons in attendance at the workshop.

During the Pre-College Programs, I give permission for my child to participate in social, educational, and recreational activities under the supervision of FIU staff. I hereby certify that the above referenced child is in good health and does not have a condition that would prevent him/her from participating fully in all activities described to me. If there is a health concern, I will fully discuss it with the Pre-College Programs administrators.

In consideration of being permitted to participate in Pre-College Programs, I, on behalf of myself, my spouse, my child or legal ward (hereinafter collectively referred to as "releaser\*"), do hereby release, waive and discharge the sponsors, organizers, volunteers, employees, officers and board members of Pre-College Programs and/or Florida International University (hereinafter collectively referred as "sponsors"), from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of injury to person or property, whether caused by negligence or otherwise.

Releaser agrees to indemnify sponsor and each of them from any loss, liability, damage or cost they may incur due to the presence or participation of the above referenced Pre-College Programs participant, whether caused by negligence of the releaser or otherwise.

Releaser hereby assumes full responsibility for the risk of bodily injury or property damage due to the negligence of participant or otherwise while participating in the Pre-College Programs.

Releaser expressly agrees that this release, waiver, and indemnity is intended to be as broad and inclusive as permitted by the laws of Miami, FL. and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue.

**Late Pick-Up: Students may be picked up any time prior to the ending of the activity, but they must be picked up NO LATER than the ending of the activity. If an emergency arises, parent is expected to make arrangements so that the student will be picked up on time and to also notify the program contact accordingly. Parents who are unable to pick up their child on time, on a regular basis, may lose the services of the program. A pre-college program staff/teacher will remain with all students until all students are picked up.**

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

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

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





## LIFE-THREATENING FOOD ALLERGIES CONSENT FORM

We have been advised by Brulee Food Services, the food service management company for the (FIU-Summer Camp) in the Miami-Dade County in which our child \_\_\_\_\_ is enrolled as a student, that Brulee does not assume responsibility for an allergic or other adverse reaction that our child may experience as a result of consuming a food product or food products that Brulee serves in the Summer Camp.

Our child has a life-threatening allergy to the following allergen(s): \_\_\_\_\_  
We have been advised by Brulee that the safest foods for our child are foods that are prepared at home.

Notwithstanding that advice, however, after having reviewed the manufacturer ingredient statements provided by Brulee, we have decided to permit our child to consume food products served in the Summer Camp. We understand that the manufacturer ingredient statements are not independently verified or checked by Brulee and that Brulee provides no representations or warranties as to the accuracy or completeness of the manufacturer ingredient statements.

The purpose of this Consent Form is to memorialize in writing that decision on our part.

We are also aware that product substitutions resulting in possible allergen exposure may occur. We have read and fully understood the Response to Requests for Medical Information Relative to Food Products which has been issued to parents by Brulee, a copy of which is annexed hereto.

We are aware that our child may be exposed to medical risks as a result of our decision to allow him/her to purchase and consume food products that are served in the Summer Camp, but we have determined that we can manage those medical risks without requesting food substitutions.

By the execution of this Consent Form, we voluntarily, unconditionally, and permanently (a) waive, renounce and relinquish any claims, demands, causes of action, or other liability of any type or kind against Brulee and its affiliates and their respective officers, directors, shareholders, employees, representatives, and contractors, arising from, relating to, or in any way sustained or incurred, directly or indirectly, because of an allergic or other adverse reaction by our child to food products that are served to our child in the Summer

Camp and which precipitate that allergic or other adverse reaction, and (b) covenant and agree that we will not commence any legal proceeding against Brulee and its affiliates, or against any of their respective directors, officers, shareholders, employees, representatives, or contractors whether on our behalf or for the benefit of our son/daughter by which we seek damages or any other form of judicial relief as a result of any such allergic or other adverse reaction by our child.

We, the parents of (child's full name) \_\_\_\_\_ at (FIU-Summer Camp) Miami-Dade County certifies that we have carefully read and understood the contents of this Consent Form and the attached Response to Requests for Medical Information, and execute this consent form on \_\_\_\_\_ (Month-Date-Year)

Signature \_\_\_\_\_






Printed \_\_\_\_\_  
Parent/Guardian

Signature \_\_\_\_\_

Printed \_\_\_\_\_  
Parent/Guardian

# FIU ETS SUMMER BOOTCAMP

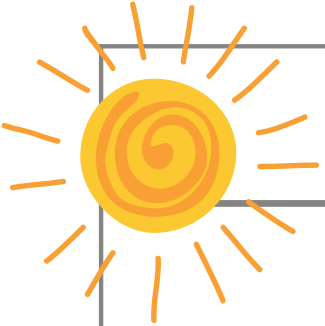
MIDDLE SCHOOL - JUNE 17 - 28, 2024

9:30 AM - 10:00 AM	<b>Arrival and Welcome - AC1 155</b>	
	<b>Math</b> (Room 327 - Ms. George) 	<b>Reading</b> (Room 328 - Ms. Jeffrey) 
10:00 AM - 11:00 AM	Group A	Group B
11:10 AM - 12:00 PM	 <b>Lunch AC1 155</b> 	
12:10 PM - 1:10 PM	Group B	Group A
1:10 PM - 2:00 PM	 <b>Path to College Enrichment Workshops</b> (Room 155 - Ms. Joannette)	
2:00 PM	<b>Dismissal</b> Parents who are unable to pick up their child on time, on a regular basis, may lose the services of the program. A pre-college program staff/teacher will remain with all students until all students are picked up.	

**Teachers: Math-** Mrs. George, **English-** Ms. Jeffery

\*Additional classrooms (if needed): AC1 135, 227, 329,  
 Computer Labs: AC1 266 & 326 (Fridays Only)








# FIU ETS SUMMER BOOTCAMP

**HIGH SCHOOL - JULY 1 - 12, 2024**

**No Session July 4th and 5th**

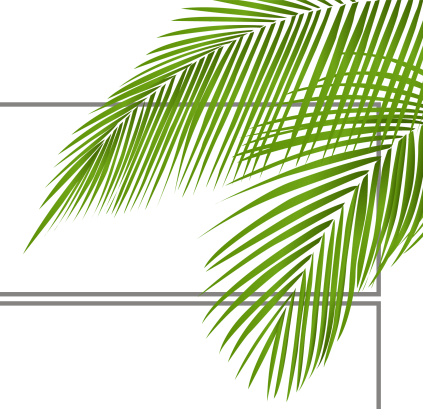
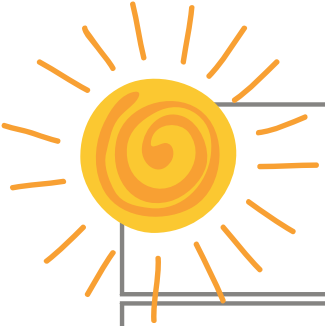


<b>9:30 AM - 10:00 AM</b>	<b>Arrival and Welcome - AC1 155</b>	
	<b>Math</b>  (Room 327 - Ms. George)	<b>Reading</b>  (Room 328 - Ms. Jeffrey)
<b>10:00 AM - 11:15 AM</b>	Group A	Group B
<b>11:20 AM - 11:55 AM</b>	<b>Lunch AC1 155</b> 	
<b>12:00 PM - 1:15 PM</b>	Group B	Group A
<b>1:20 PM - 2:00 PM</b>	<b>PTC/Advising (AC1 155 - Ms. Joannette)</b>	
<b>2:00 PM</b>	<b>Dismissal</b> Parents who are unable to pick up their child on time, on a regular basis, may lose the services of the program. A pre-college program staff/teacher will remain with all students until all students are picked up.	



\*Additional classrooms (if needed): AC1 227 & 135,  
Computer Labs: AC1 266 & 326 (Fridays Only)








# FIU ETS TEST PREP BOOTCAMP

Algebra 2 or Above Enrollment Requirement

**JULY 1 - 12, 2024**

**No Session July 4th and 5th**

	<b>JULY 1 - 12, 2024</b> <b>No Session July 4th and 5th</b>	
<b>9:30 AM - 10:00 AM</b>	<b>Arrival and Welcome - AC1 155</b>	
<b>10:00 AM - 1:30 PM</b> (10:00 - 1:00 on Wednesdays)	<b>SAT/ACT Bootcamp with Dr. E</b> <b>HL150</b>	
<b>1:00 PM - 1:30 PM</b>	<b>PTC/Advising (Ms. Veritza - Wednesdays Only)</b>	
<b>1:30 PM - 2:00 PM</b>		<b>Lunch</b> 
<b>2:00 PM</b>	<b>Dismissal</b> Parents who are unable to pick up their child on time, on a regular basis, may lose the services of the program. A pre-college program staff/teacher will remain with all students until all students are picked up.	

