Black Male College Explorers Program Application  
JUNE 7, 2015 – JULY 17, 2015  

PURPOSE:

The goals of the program are to increase the amount of black males graduating from high school, facilitate their admission to college, and significantly increase their chances of earning a college degree.

MISSION STATEMENT:

The Black Male College Explorers Program is an At-Risk prevention/intervention program 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 schools from Tallahassee and cities throughout Florida are selected for participation. Participating schools are asked to identify at-risk males enrolled in grades 7th through 11th. A team of school and community leaders are required to provide “supportive services for the students” during the academic year.

Florida A&M University provides six weeks of highly concentrated developmental experiences designed specifically for black males during the summer. Courses include several of academic subjects, such as English, Mathematics, General Science, Art, African American Studies, Computer Sciences and Foreign Language, weekly character education seminars, workshops and motivational trips, during the summer. A weekly stipend is also provided.

ELIGIBILITY REQUIREMENTS:

A high school black male; A 7th, 8th, 9th, 10th, or 11th grade student at the beginning of the summer session; 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. Willingness to consider post-secondary education after high school;

COST: (Participants cost may vary)

Students selected by participating schools must pay a ($300.00) Three Hundred Dollar Registration Fee.

Non-Participating School: Tuition options include:

1. For in-state students outside of Leon County - $1,700.00,
2. For Leon County students - $1,600.00,
3. For out-of-state students’ - $1,600.00 and transportation cost.

The program cost includes transportation to and from the campus of Florida A&M University, lodging, food, books and classroom materials and a weekly ($25) stipend is provided at no cost to the students selected for sponsorship. Other students may be included if parents or local community organization(s) sponsor them.

The entire APPLICATION MUST BE COMPLETED “no exception” and mailed with an official copy of student 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: ____________________________

Relation to Student: ____________________________ Last          First          M. I.
  Phone: ( ______ ) Email Address: ____________________________
  Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Name of School you are currently attending for 2014-2015: ____________________________
Current Grade Level (2014-2015): ____________________________

Address of School: ____________________________ City: ____________________________ FL: ____________________________ Zip: ____________________________

Check Area of Interest:

Architecture    Education    Business
Arts & Sciences    Engineering    CESTA
Allied Health    Nursing    Journalism
College of Pharmacy    Specific Profession if Applicable
Collection of student Social Security Numbers in compliance with the provisions of Section 119.071(5), Florida Statutes, the Florida Agricultural and Mechanical University, 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
- Completing and processing various supplemental insurance claim forms

The social security numbers collected by the Office of Black Male College and 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 BEHAVIOR:

☐ ACADEMIC PERFORMANCE  ☐ BEHAVIOR IN SCHOOL  ☐ BEHAVIOR AT HOME
☐ SELF ESTEEM  ☐ SELF CONTROL  ☐ DISRESPECT
☐ LANGUAGE (PROFANITY)  ☐ CHOICE OF FRIENDS  ☐ LAZINESS
☐ NEATNESS  ☐ DRUGS  ☐ ALCOHOL
☐ LATE HOURS  ☐ OTHER (S)

PLEASE EXPLAIN:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Households consist of (list members of the household, including yourself)

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<thead>
<tr>
<th>NAME</th>
<th>SEX</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
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NOTE: The entire APPLICATION MUST BE COMPLETED. An official copy of student transcript is required to process your application. It must accompany this application.

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<tr>
<th>Classifications (Presently) circle one:</th>
<th>07th</th>
<th>08th</th>
<th>09th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
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<td>Discipline Referrals: (Please attach a copy of student discipline record showing reasons given for referral and or actions taken.)</td>
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<td>Current Class Schedule</td>
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<td>Expected Date of Graduation (month and year)</td>
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<td>List the organizations to which you belong and the honors you have received:</td>
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Special Skills/Hobbies:

List work or volunteer experiences relevant to your profession interests: (Use back of this page if needed)

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<tr>
<th>Position(s)</th>
<th>Duties/Responsibilities</th>
<th>Dates</th>
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ESSAY: (Please Submit in Paragraph Form)

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. (Attach the essay to this application form. The essay should be type written and double spaced.)
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 students’ specific characteristics that may include:
   a. quiet/talkative
   b. respectful/disrespectful
   c. friendly/hostile/pugnacious
   d. others as applicable

Name: ____________________________
Position: ___________________________
School: ____________________________
Phone: ____________________________
Date: _____________________________

STUDENT INFORMATION SCHOOL RELEASE FORM

I hereby authorize ___________________________ to release the following School Name
Portion(s) of the records regarding my child.
Name: ____________________________ Birth Date: __________ Grade: __________
which includes:
   • Educational data, including tests of intellectual process, and academic abilities, present levels of subject area performance, academic improvement plans, and individual educational plans.

Authorized Signature/Date ____________________________ Relationship ____________________________
Address ____________________________ City/State/Zip ____________________________
Home Telephone ____________________________ If no telephone, please give a telephone number where you can be contacted ____________________________
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, therefore if I am found to be in violation of any of these policies, I can expect to receive disciplinary actions in accordance to this document.

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 Black Male College Explorers Program and the educational process set forth by the Black Male College Explorers Program 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, therefore if my child is found to be in violation of any of these policies, I can expect them to receive disciplinary actions in accordance to this document.

Upon signing this form, I therefore agree to enforce the compliance of the disciplinary structure set forth by the tenets. I also agree to work with my son(s) to maintain the integrity of the Black Male College Explorers Program and the educational process set forth by the Black Male College Explorers Program 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 this document. Therefore, you will not be relieved of any of the responsibilities and/or disciplinary actions due to lack of knowledge of its content.
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)

________________________________________________________________________________

Sworn to and subscribed before me this __________ date of ______________, 20____.

____________________________________
Notary Signature

____________________________________________________________________________

(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: ______________
FAMU Summer Camp Medical History

The purpose of this form is to provide camp staff with information regarding your child’s/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**

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Gender</th>
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<tbody>
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<tr>
<th>Home Street Address (include City, State and zip code)</th>
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</table>

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>Relationship</th>
<th>Phone # (home)</th>
<th>Phone # (cell)</th>
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<table>
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<tr>
<th>Physician’s Name</th>
<th>Phone Number</th>
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**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.

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction/Severity</th>
<th>Recommended Treatment</th>
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1. Does your 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 Participant require an Epipen?  **Yes**  **No**

3. Does your 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.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Effects/Restrictions/Precautions/Limitations</th>
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**MEDICATIONS**

List any medications your Participant currently takes; include the dosage schedule and any specific instructions for use. Also, please indicate (Yes/No) if the minor 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose</th>
<th>Dose schedule</th>
<th>Specific Instructions</th>
<th>Self-Medicate (Yes/No)</th>
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*Be sure to bring enough medication in sufficient quantities and in the original containers labeled with the Participant’s name and doctor’s contact information. Make sure they are not expired, including inhalers and EpiPens.*
Over-the-Counter Medications
My 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:

- Tylenol/Acetaminophen
- Ibuprofen (pain/swelling)
- Benadryl/Antihistamine
- Robitussin/Expectorant
- Sudafed/Decongestant
- Pepto Bismol
- Tums/Antacid
- Imodium/anti-diarrhea
- Antibacterial gel/lotion
- Other ________________
- Other ________________
- Skin Ointments (in case of rash, antibacterial, athlete’s foot, etc.)

Special considerations or notes regarding over-the-counter medications:

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?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date(s) of Immunization</th>
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<tbody>
<tr>
<td>MMR (2 shots are required)</td>
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<tr>
<td>Tetanus</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Policy Holder’s Name</th>
<th>Name of Insurance Carrier</th>
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<tbody>
<tr>
<td>Policy #</td>
<td>Group #</td>
</tr>
<tr>
<td>Insurance Company Address (street, city, state, zip)</td>
<td>Telephone Number</td>
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</table>

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: ________________

2-2015 TT
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 attorneys fees and court cost, which the undersigned, any heir or assigned has made.

Finally, 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 __________

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 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 I may have or which hereafter accrue to me, against FAMU due to 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 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 participation or as a result of the abovementioned activity/event. Knowing this, I hereby agree to assume those risk 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:

(a) to record my 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 name in connection with such recordings or by descriptive text or commentary; and

(b) 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/her parent/guardian must sign below.**

Signature: _______________________________ Date: _______________________________

Name: __________________________________________
Address: ________________________________________
City/State/Zip: ___________________________________
Phone: _________________________________________
Email: __________________________________________

Rev. 08/14
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 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, (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 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’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’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’s participation in The Event. I assure FAMU that I will or I will direct my child to act in an appropriate manner at all times. Such behavior shall include times when in the company of other participants on The Event. I 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 myself 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/her 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):
________________________________________________________
DOMESTIC Travel Participation Agreement

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 participate in the (Print Name) trip to ____________________________ on or about ____________________ to ____________________ (henceforth referred to as The Trip).

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 I am traveling to and precautions which should be taken.

I have advised FAMU that there are no health or psychological conditions that preclude my 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 decisions and actions.

I understand that should I 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 primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for The Trip and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules 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 participation in The Trip. I assure FAMU that I 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 I may be physically separated from the participants on The Trip.

As a FAMU student or employee, I will abide by the University’s Codes of Conduct while on The Trip. I 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 myself 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 Trip.

Initial _______ CONTINUE WITH THE NEXT SECTION

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 I may be injured and/or lose or damage personal property as a result of my 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 I become detached from The Trip group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will bear all responsibility to seek out, contact, and reach The Trip group at its next available destination, and that I shall bear all cost attendant to seek out, contact and reach 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 _______ CONTINUE WITH THE NEXT PAGE
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 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 FAMU from any and all liability, damages, claims and demands whatsoever, including attorneys fees and court cost, which I or any heir or assigned will make.

I am aware of aware of my 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 power to cancel without penalty the offering and conduct 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 SECTION

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 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 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 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 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 participation in The Trip and my use of facilities, equipment, or services in connection with The Trip.
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 I sustain or cause, whether in whole or in part, while participating in The Trip and my 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 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
IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

______________________________________________  ____________________________
Participant name Printed:  

____________________________________________________  ____________________________
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 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, FL**, and arrive in **Tallahassee, FL** on **Sunday noon/evening** 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 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 or church services**.

3. Students are only allowed two pieces of regular size luggage, no trunks. Please pack accordingly since space is very limited on the bus and in dormitory rooms. The following items are suggested.

   - 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.

   - Earrings will not be allowed or worn 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, kaki or denim slacks. Students will have dress day on each Friday; we recommend a **white button down shirt, dark socks, belt, black necktie, black dress slacks and black dress shoes** for each Friday.

   - Students will wear a suit or sports coat and slacks to church services 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.
4. While regular short pants are permissible (mid-thigh or slightly above the knee), gym short will not be allowed in classrooms or other formal settings for instance; all cafeteria meals 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 your 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 your insurance provider.

All administrators, advisory committee members, mentors, parents, and teachers are invited to attend the Annual Awards Banquet and Ceremony held on Thursday, July 16, 2015. This ceremony concludes our summer program and rewards our young men 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 20, 2015, “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
305 Gore Education Center, Unit-C
501 Orr Drive
Tallahassee, Florida 32307
(850) 561-2407 or 561-2408
Fax: (850) 599-8098