



## Child Clearance Request Form-Visitation Only

*(This form should not be used for activity participation)*

The USF Center for Advanced Medical Learning and Simulation (CAMLS) may not be appropriate or pose a safety hazard for children. CAMLS Executive Director or designee must review and authorize any requests at least **1 week** prior to any children entering the facility.

PLEASE TYPE OR PRINT:

Date of Visit	Location	Specific Time of Visit	
Reason for Visit:			
Special Notes:			
Name of Child:		Age	DOB
Home Address	City	State	Zip
Name of Parent or Legal Guardian	Phone	Email	
Emergency Contact	Phone	Email	

***I have received a copy of the USF HPCC Policy- Children in the Workplace and agree to the conditions therein. (This box must be checked before approval consideration)***

### ***Acknowledgement of Risk and Waiver of Liability***

***In consideration of being permitted to visit the University of South Florida’s Center for Advanced Medical Learning and Simulation (USF CAMLS), do hereby release, waive and discharge USF CAMLS, USF HPCC, the State of Florida, University of South Florida Board of Trustees, their representatives, its officers, employees, agents, advisors, and members, and their respective advisor(s), officers, and members from any and all actions, damages, claims or demands, known or unknown, which I, my heirs, personal representatives, executors, administrators, or assigns have or may have against any and all of the aforementioned for any and all personal injuries, property damage or loss, accidents or illnesses (including death), which I have or may incur***

***I understand that my visitation is completely voluntary and may include inherently dangerous exposure to certain damages and risks, including but not limited to: overexertion; equipment failure; poor judgment; slipping; falling; unstable heavy objects; negligent design; and negligent participation by others. THIS COULD ULTIMATELY RESULT IN SERIOUS BODILY INJURY, PARALYSIS, PERMANENT***



**DISABILITY, OR DEATH. I realize that I am responsible for any injuries to persons or property which may be incurred in connection with my visitation. I understand that I should not visit if I am under the influence of drugs or alcohol or if I am otherwise impaired in my ability to understand instructions or to participate without creating risk to others or myself.**

**I also agree to indemnify and hold harmless the USF CAMLS, USF HPCC, State of Florida, University of South Florida Board of Trustees, their representatives, its officers, employees, agents, advisors, members, and their respective advisors, officers, and members from any and all costs, damages, liabilities and losses that they may incur due to my visitation including, but not limited to those arising out of my negligent or intentional acts. I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned.**

**I further expressly agree that the foregoing acknowledgement of risk and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balances shall, notwithstanding, continue in full legal force and effect.**

**I, the undersigned, have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance.**

**I am the parent or legal guardian of the visitor indicated above, who is under the age of 18. By signing below, I confirm the information on this form is true and correct. I agree on behalf of my child or ward to all the terms contained in this release.**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian** **Date**

\_\_\_\_\_  
**Printed Name of Parent or Legal Guardian**

*This box to be completed by CAMLS Executive Director or Designee only:*

	Approved	Length of visit _____	SITC Access	Denied
Restrictions:				
_____ CAMLS Executive Director or Designee				Date: _____