

**FLORIDA MEMORIAL
UNIVERSITY
LIONS SUMMER
INSTITUTE**



Florida Memorial University Summer Camp Manual
In conjunction with Herman LeVern Jones'
TheatreSouth, Inc. Summer Theatre and Acting
Conservatory (STAC) in the Lou Rawls Center for the
Performing Arts at Florida Memorial University
2021

Table of Contents

• Protecting the Pride	Page 3
• Residential Life	Page 4-5
• Facilities	Page 6-7
• Thompson Hospitality	Page 8
• EIIA Summer Camp Release & Waivers	Page 9-18
• Information on concussions	Page 19



Protecting the Pride

Thank you in advance for your continued commitment to ensuring a safe, healthy environment for our Lion family. We look forward to welcoming your participants.

Here are a few helpful reminders as we kick off the summer camp season:

- Here is our [Protecting the Pride Plan](#), which should be sent to your program participants before arriving on our campus. We have also created a [FAQ by category](#), as a quick guide for finding answers to any questions you may have.
- All participants are required to download and register on two apps **before arriving at FMU**:
 - NAVICA, where your campus COVID-19 test results will be sent, for [Apple](#) or [Android](#)
 - Campus Clear, our daily COVID-19 symptom survey, for [Apple](#) or [Android](#).

Please take the Campus Clear daily survey.
- Each participant will be tested on **Tuesday, June 8, 2021** the day before the camp start date **of Wednesday, June 9, 2021** and will be required to have a **weekly rapid COVID-19 test. This is the regulation for camps lasting 2+ weeks** and tests can be taken at the following locations and times:
 - Mondays, Tuesdays, Wednesdays, and Fridays in the Lou Rawls Center for the Performing Arts, from 8:00-11:45 a.m. and 1:00-4:30 p.m.
 - Thursdays in Goode Hall, from 8:30-11:45 a.m. and 1:30-4:15 p.m.
 - Subject to change.
- The [COVID-19 Compact](#) is an agreement all summer participants must follow to Protect the Pride. They will click on the following link to acknowledge you have read, understand, and remain committed to the COVID-19. Compact [here](#) before arriving at our campus.



Residential Life

NON-APPLICABLE FOR THE STAC PROGRAM

(Any student who would like to stay on campus for the summer must contact the Resident Life office.)

Tentative dates

Requisition for housing must be submitted to the Department of Outreach and Academic Development by April 1st.

- Sunday, May 9th at 5 pm - Residence Halls close for graduating seniors
- May 12th at 5 pm - residents with approved extended stay (if necessary) and RAs move out
- May 13th to 21st - room inspections, billing, HRL processes
- May 24th – June 8th - renovations and painting in Robinson, Goode, and LLC 1 (needs to be finalized with Facilities)
- June 1st – summer camp staff should place an order for keys they will need from Facilities
- June 9th – summer camp staff can move into Robinson and Goode halls
 - These rooms are regular student rooms with shared floored bathrooms
- June 10th and 11th – HRL professional staff available to train summer camp staff on crisis response, campus resources, key usage, and clarify your duty protocols.
- June 13th to August 8th – summer camps can use single-gendered halls Robinson and Goode Halls for residents and LLC 1 will be available for isolation and quarantine for summer guests (co-ed)

For your information:

Robinson Hall:

- 170 residents can be accommodated in rooms with double occupancy.
- Two laundry rooms.
- Community shared floor bathrooms – four bathrooms with 28 showers.



Goode Hall:

- 78 residents can be accommodated in rooms with double occupancy.
- One laundry room.
- Community shared floor bathrooms - two bathrooms with 14 showers 2

LLC 1 for isolation and quarantine:

- 42 beds on each wing of the building; the east wing could be used for female-identifying residents and the west wing for male-identifying residents. Private bathrooms are available.

For our consideration:

- Develop a registration and pre-arrival process to ensure COVID-19 compliance and easy data management.
- Develop an accommodation plan for residents that may identify beyond the gender binary.
- Ensure that there is a sufficient amount of staff to provide three daily meal deliveries for residents in isolation/quarantine.
- Schedule your staff to work desks and be on call at night for lockouts/emergencies.

Residential cost:

\$97.30 per student/week

Facilities

Requisition for space

Division of Academic Affairs will work with the Registrar and the Office of Hospitality Services & Scheduling to secure space for your program. **Requisition for space must be submitted to the Department of Outreach and Academic Development twenty (20) business days (Monday-Friday) in advance of your program start day.**

Please follow the steps below to access your internal facility requisitions online.

1. Go to: <https://www.fmuniv.edu/>
2. Search: Internal Facility Request
3. Download pdf

Florida Memorial University
Office of Hospitality Services & Scheduling
Internal Facility Request

Must be submitted to HOSS at least 14 business days prior to event (DOES NOT include WEEKENDS)

Organization/Dept.: _____ Date: _____
 Contact/ Pres. of Student Org.: _____ Title: _____ Email: _____
 Phone: (Work) _____ Cell: _____
 Person Submitting Request: _____ Title: _____ Cell: _____

***Signatures:**

<input type="checkbox"/> Chaperone	<input type="checkbox"/> Chair/Advisor	<input type="checkbox"/> Division V.P.	<input type="checkbox"/> Student Activities Director	<input type="checkbox"/> SGA President
<input type="checkbox"/> Residential Life	<input type="checkbox"/> Athletic Director	<input type="checkbox"/> Intramural Sports	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Campus Safety
<input type="checkbox"/> Food Service				
<input type="checkbox"/> Other				

* PLEASE NOTE...The appropriate signatures ARE REQUIRED in order to process your facility request.

NAME OF EVENT: _____
Details of Event: _____

Event Sponsored by: Faculty/Staff Administration Student Organization
 Facility Requested: (List Top 2 Choices) _____
Lehman Boardroom

DATE of Event: _____ **DAY** of Event: _____ **Time:** From _____ am/ pm. To _____ am/pm.

Estimated Attendance: _____ **Fee: Is there an admission charge /donation?** YES NO

If YES, how will proceeds be used? **Explain:** _____

Need Technical Support? YES NO **Explain:** _____

Student Guests from other Universities invited? YES NO If YES, must contact Security 14 days in advance of event (Not including weekends) @ 305-626-3771. **Explain:** _____

Is Event Open to the Public and/or Community Guests? YES NO **Explain:** _____

FOOD SERVICE: YES NO ALL food service must be supplied by FMU's Catering vendor (305-626-3778/9)

Will a tent, hot air balloon, stage or outdoor set-up be required? YES NO If YES, the signature of FMU's Facility Manager will be required in order to process your request. **Explain:** _____

FLIERS: Must be approved by HOSS PRIOR to distribution, posting on or off campus, Facebook or other social media.

DJ: YES NO **Name:** _____ **Cell:** _____

List additional meeting dates. Attach event set-up, stage & sound needs.

Scheduling Coordinator: _____ Date: _____
 Comments: _____



Building	Room #	Seats
FIU	100	16
	102	24
	103	15
	120	18
	125	16
	140	19
	130	20
	150	18
	200	16
	201	23
	203	9
	Aud	48
Lehman	107 (iRoar)	13
	108	12
	109	15
	111	16
	112	16
	113	20
	114	20
	115	15
	202	19
	207	18
	209	12
	210	12
	301	12
	302	15
305	0	
	Aud	80
Science Building	101	11
	113	8
	114	8
	115	8
	116	7
	117	7
	203	15
220	12	
Science Building	113	6
	104	8
	204	18

Thompson Hospitality

Meal Plan

The dining hall will be open for participants to sit down and enjoy their meal. To avoid overcrowding and slow the spread from multiple camp gatherings, each camp will be given a time slot for breakfast, lunch, and dinner.

To gain access to the dining hall, participants will need to present their camp ID (lanyard) at the entrance.



RELEASE AND WAIVER:

Herman LeVern Jones' TheatreSouth, Inc. Summer Theatre and Acting Conservatory (STAC**) in the Lou Rawls Center for the Performing Arts at Florida Memorial University**

Created/Approved by:

Natasha Baker, Esq.

Novus Law Firm, Inc.

Walnut Creek, CA

For more information, contact:

EIIA

Risk Management Department

200 South Wacker Drive, Suite 1000, Chicago, IL 60606

Phone: 312-648-0914 Email: rm@eiiia.org



SCOPE:

This form is intended to be signed by all participants of any HLJTS/FMU-sponsored camp program. This form was designed based on the assumption that the HLJTS/FMU is willing to accept responsibility for its negligence. Each participant should sign a separate waiver; signing lists should not be used. If multiple family members attend the camp, a waiver must be signed for each member.

As individual circumstances may vary, the contents and concepts presented should be reviewed and amended as necessary to properly address HLJTS/FMU's unique exposures. Additionally, it is recommended that the contents and concepts presented be reviewed in the full context of its use with legal counsel before implementation. If there are specific state law requirements about waivers in HLJTS/FMU's jurisdiction, particularly concerning waivers of negligence, then HLJTS/FMU may need to incorporate those requirements accordingly.

INSTRUCTIONS:**BLACK – All Camp Programs**

Sample provisions in black should be used for all camp programs.

ORANGE – Camp Programs That Include Athletics/Sports

Sample provisions in orange should be used for a camp program that involves athletics/sports.

GREEN – Aquatic Activities

Sample provisions in green should be used for camp programs that include any water-related activity.

All instructions are in this font and color. Highlighted items require information to be inserted.

[Herman LeVern Jones' TheatreSouth, Inc.]

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT**

I, (or hereinafter on behalf of my minor child) _____ (“Participant”), hereby acknowledge that Participant has voluntarily elected to enroll in the [Herman LeVern Jones' TheatreSouth, Inc. Summer Theatre and Acting Conservatory at the Lou Rawls Center for the Performing Arts at Florida Memorial University] (“Program”), to be held in and around [on the campus of Florida Memorial University, from June 9, 2021 to August 13, 2021. *Where applicable: I further understand that if Participant is a minor, then I, as his or her parent or legal guardian must agree to all of the conditions set forth below on behalf of the minor even where the language is specifically directed to Participant.* In consideration for being permitted by Florida Memorial University to participate in the Program, I hereby acknowledge and agree to the following:

PROMOTIONAL RIGHTS: As a condition of my participation, I hereby grant the right to use, for promotional purposes only, any photographs of me taken by Herman LeVern Jones' TheatreSouth/Florida Memorial University, its employees, or agents, during my participation in the Program. I further understand and agree that Herman LeVern Jones' TheatreSouth/Florida Memorial University may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

RULES AND REQUIREMENTS: I agree to conduct myself per Florida Memorial University policies and Florida Memorial University procedures, including the HLJTS HANDBOOK which appear in the HLJTS HANDBOOK. I further agree to abide by all the rules and requirements of the Program and the rules listed in the HLJTSA HANDBOOK to be provided. I acknowledge that Herman LeVern Jones' TheatreSouth/Florida Memorial University has the right to terminate my participation in the Program if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Program, or at Herman LeVern Jones' TheatreSouth/Florida Memorial University's discretion.

INFORMED CONSENT: I have been informed of and understand the various aspects of the Program. I understand that, as a Participant in the Program, I will engage in physical activities, including water-sports activities, tennis, etc. which may pose a risk of harm, including the risk of contracting a communicable disease. I understand that these activities include but are not limited to playing, observing, or participating in Program activities, traveling to and from Program events. Further, I have been advised of particular risks associated with the camp's location, including lice, ticks, endemic disease present in the camp area, etc.



Herman LeVern Jones' TheatreSouth, Inc.

Summer Theatre and Acting Conservatory (STAC) in the Lou Rawls Center for the Performing Arts at Florida Memorial University

Informed Consent Provision

for programs that pose a risk due to a body of water or swimming:

I further understand that the **Program** in which I am participating involves bodies of water/a swimming pool. I am aware that any contact with bodies of water/a swimming pool involves certain risks, including but not limited to: death, drowning, or other personal injuries as a result of the area's conditions, the acts of third parties or other unknown safety hazards, diving injury, skin, eye, lung, and ear irritation, injuries resulting from loss of balance and footing on aquatic surfaces, injuries resulting from lack of oxygen, injuries due to conditions of equipment, the unpredictability of weather and the water conditions, wildlife, communicable disease, first aid operations or procedures of **Releasees** (as defined herein) and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time.

I further understand and agree that the risks involved in this **Program** are both water and land-based and may include, but are not limited to: travel to and from Program site, including via private vehicle, common carrier, and/or [HLJTS/FMU] owned vehicle; contraction of communicable disease; injury resulting from athletic, physical or other game-like activities during the **Program** as a result of the activity area's conditions, the acts of third parties or other unknown safety hazards; diving injury, skin, eye, lung and ear irritation, injuries resulting from loss of balance and footing on aquatic surfaces, injuries resulting from lack of oxygen, drowning, injuries due to conditions of equipment, unpredictability of weather and the water conditions, wildlife, negligent first aid operations, and other risks that may not be known to me or not reasonably foreseeable at this time and during my participation. These serious personal injuries and possible death may not only be a consequence of **Releasees'** (as defined herein) actions, inactions, negligence or fault, but also the actions, inactions, negligence or fault of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, damage, disability, or death that I may sustain by any means is my sole responsibility, except as explicitly specified in this Agreement.



Add this Informed Consent Provision for programs involving athletics/sports/activities that also POSE A RISK OF CONCUSSION

I further understand that the Program in which I am participating involves or may involve inherently activities in which I could sustain [choreography, dance and stage movement or acting class exercises posed by STAC], including but not limited to serious personal injuries including concussions, cardiac problems, illness, damage, or even death as a consequence. These injuries may be the result of my own actions or inactions or those of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not known to me or not reasonably foreseeable at this time.

I further acknowledge that I have read and understand the NCAA Concussion Fact Sheet and am aware of the following information:

1. *A concussion is a brain injury for which I am immediately responsible for reporting to [HLJTS/FMU]'s camp physician, trainer or counselor.*
2. *A concussion can affect my ability to perform everyday activities, including reaction time, balance, sleep, concentration, and classroom performance.*
3. *It is my responsibility to report to the [HLJTS/FMU]'s camp counselor if I receive a blow to the head or body and experience signs or symptoms of a concussion or brain injury, which may include headache, blurred vision, weakness in one arm or leg, loss of consciousness, stumbling, loss of balance, nausea/vomiting, confusion, memory loss, or change in personality (including irritability and depression). I understand that I must report this immediately and as soon as I am physically capable of doing so.*
4. *I may notice some symptoms of a concussion immediately, but other symptoms may show up hours or days after the initial injury. It is my responsibility to report any delayed signs or symptoms to the [HLJTS/FMU]'s camp counselor.*
5. *If I suspect a fellow camper has a concussion, I am responsible for immediately reporting his or her injury to the [HLJTS/FMU]'s camp counselor.*
6. *I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-like symptoms until I am cleared by a member of the [HLJTS/FMU]'s staff.*
7. *Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to accurately report all continuing signs and/or symptoms if I have been diagnosed with a concussion.*

ASSUMPTION OF RISK: I understand and acknowledge that there are potential dangers incidental to my participation in the **Program**, including risks of damage, bodily injury, illness, and possibly death as described throughout this **Agreement**. The risks may result from the **Program** itself, from the acts of others, from use of the equipment or organization of or unavailability of emergency medical care. I understand that there are risks attendant to physical activities associated with the **Program** and that there are potential dangers which may expose me to the risk of personal injuries, illness, damage, or even death. In addition, I understand that participation in the **Program** involves activities incidental thereto, including, but not limited to, travel to and from the site of the **Program**, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to: travel to and from [**FMU campus**] via private vehicles, common carriers, and/or [**HLJTS/FMU**]-owned vehicles, local transportation to and from the [**other sites within the Program**], communicable disease, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of **Releasees** (as defined herein), [**other RISKS**] and that there may be other risks not known to me or not reasonably foreseeable at this time.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THE RISKS ARISE FROM THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT and I assume full responsibility for my participation in the Program.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** [**HLJTS/FMU**], including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at [**HLJTS/FMU**]'s direction (collectively referred to as "**Releasees**"), for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death that I may suffer as a result of my participation in the **Program**, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, ILLNESS, DAMAGE, OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT, TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY LOCATION ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.**



I further agree that the **Releasees** are not in any way responsible for any injury, illness, or damage that I sustain as a result of my own negligent or grossly negligent acts, or my own intentional misconduct and I hereby release **Releasees** from any liability for the same.

[HLJTS/FMU] expressly disclaims liability for actions of third parties, which includes but is not limited to students, agents or volunteers who are not acting under the direction and control of **[HLJTS/FMU]**. I hereby release **Releasees** from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death that I may suffer as a result of actions of any third parties who are not **Releasees**.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless the **Releasees** from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death that I may suffer as a result of my participation in the **Program**, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

I further agree that, in the event that I or any of my family members, personal representatives, heirs, executors, administrators, agents, assigns or any other third party attempts to assert any claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness damage or death to me, including but not limited to any injury or illness resulting from my own negligence, gross negligence or intentional misconduct during or related to the **Program**, **I AGREE TO DEFEND AND INDEMNIFY RELEASEES AGAINST SUCH CLAIMS, DEMANDS, CAUSES OF ACTION (KNOWN OR UNKNOWN), SUITS, AND/OR JUDGMENTS OF ANY AND EVERY KIND (INCLUDING ATTORNEYS' FEES) TO THE FULLEST EXTENT PERMITTED BY LAW.**

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the **Program** personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require while participating in the **Program**, or as a result of participating in the **Program**, except for medical costs arising from an injury or illness that I sustain that is the direct result of **Releasees'** negligence or gross negligence or intentional misconduct. I understand and agree that **Releasees** shall not in any way be responsible for other contingent losses arising from any injury or illness I sustain that is not the result of **Releasees'** negligence, gross negligence or intentional misconduct.



CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the **Program** and that I do not have any medical condition, including injuries and illnesses, that could be aggravated by my participation in the Program. I further attest that I am responsible for consulting with my health care provider towards this end. I also certify that I am free from communicable diseases, including, but not limited to, **COVID-19**, methicillin-resistant staphylococcus aureus (MRSA), and staphylococcus infection.

RESPONSIBILITY FOR REPORTING INJURIES: I acknowledge that I must be an active participant in my own healthcare and as such, it is my responsibility to report all injuries and illnesses, including signs and symptoms of concussions, to **[HLJTS/FMU]**'s qualified health care provider. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the **[HLJTS/FMU]**'s health care provider.

MEDICAL CONSENT: I understand and agree that **Releasees** may not have medical personnel available at the location of the Program. In the event of any medical emergency, I (initial one) do ___/do not ___ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that **[HLJTS/FMU]** personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury, illness, or damage which might arise out of or in connection with such authorized emergency medical treatment. I further understand that in the event that I experience any condition requiring emergency medical treatment, **[HLJTS/FMU]** may direct that I be transported to the hospital for such care.¹

¹ *In the event that a participant expressly declines medical treatment on the waiver, an officer at the HLJTS/FMU should immediately have a conversation with the participant (or guardian) to ensure that the participant fully understands the risks of declining medical treatment. The participant should also be informed that if he or she reasonably appears to be experiencing an emergency medical condition, the HLJTS/FMU will transport the participant to the hospital. In the event that a participant who has declined medical treatment experiences an injury or medical condition that appears to require emergency treatment, the HLJTS/FMU should transport the student to the hospital's emergency room. Such transportation is authorized under the federal Emergency Medical Treatment and Active Labor Act (EMTALA), which mandates medical screening examination and treatment for all patients presenting to an emergency department with an emergency medical condition. Neither parental nor patient consent may be needed for such care. Moreover, once the participant is at the hospital, the HLJTS/FMU should ensure that the examining health care provider (not the HLJTS/FMU) fully explains the risks of not proceeding with treatment to the participant. The treating physician should also document the participant's refusal of medical treatment in writing. If the participant is comatose and unable to decline medical treatment but previously declined medical treatment in his or her waiver, he or she should also be transported to the emergency room.*

NON-EMPLOYEE STATUS: I understand and acknowledge that in participating in the **Program**, I am doing so independently and that I am not an employee or agent of the **[HLJTS/FMU]**. I understand and agree that as a non-employee that I am not entitled to receive compensation or any other employee benefit from **[HLJTS/FMU]** for my participation in the Program.

CHANGE OF VENUE: **[HLJTS/FMU]** reserves the right to change the venue to a similar venue and/or to change the dates of the Program if the original venue is not available on the originally planned date. Such change of venue or schedule shall not void this Agreement.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of **FLORIDA**.

SEVERABILITY: If any term or provision of this **Agreement** shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this Agreement. I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

Date: _____

(Signature)

(Printed Name of Participant)



Signature of Parent/Guardian for Participants Who Are Minors:

I certify that I have custody of _____ Participant or am the legal guardian of Participant by court order. **I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND OTHER FORMS TO SIGNED BY ME TO PROTECT BOTH PARTIES (THR PARTICIPANT AND HLJTS/FMU in the Herman LeVern Jones' TheatreSouth, Inc. Summer Theatre and Acting Conservatory (STAC) in the Lou Rawls Center for the Performing Arts at Florida Memorial University.**



CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

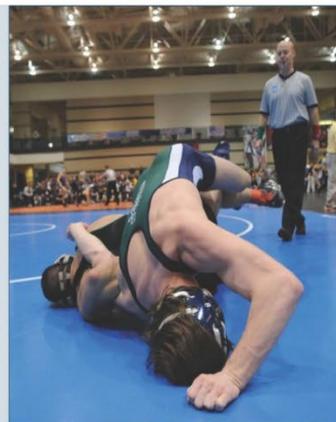
WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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