

**For All UWF Marine Science Research Program Participants**

**WAIVER, ASSUMPTION OF RISK, COVENANT NOT TO SUE  
AND RELEASE OF LIABILITY**

By my signature below, I hereby attest that I am the parent/legal guardian of the minor participant named below and I am fully competent. I am fully aware of the dangers inherent in my child's participation in all phases of the activities associated with the University of West Florida ("UWF") Marine Science Research Program. The specific risks my child may come in contact with include, but are not limited to, the risks associated with the transportation to and from the program's activities, transportation by boat, exposure to chemicals, exposure to glassware, exposure to marine environments, aquatic animals, inclement weather, and local pests, which may result in serious bodily injury, loss of limb or life, and other hazards to my child. I understand and appreciate the risks involved and freely assume them.

I further attest that there are no reasons why my child cannot participate in this activity and there are no limitations on his/her ability to participate. I also agree to instruct my child to follow all applicable rules and regulations, including dress and safety codes at all times.

In consideration for my child's ability to participate in the UWF Marine Science Research Program and use its facilities and resources, I hereby, for myself and for my family, spouse, heirs, assigns and personal representative, now and forever waive, release, discharge and covenant not to sue The University of West Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, servants, agents, or employees (the "Releasees") and release them from and against any liability, claim, demand, action, and cause of action whatsoever, arising out of or related to any loss, damage or injury, including death, that my child may sustain, whether caused by the ordinary negligence of Releasees or otherwise, or while otherwise participating in the camp activities.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of Florida and that if any portion is held invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

**THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.**

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

I am the Parent/Legal Guardian of the participant named above and I attest that I have read, understand, and voluntarily sign this document and agree to its contents for my child and for myself.

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

Printed Name of Parent/Legal Guardian: \_\_\_\_\_