

**STATEMENT OF ASSUMPTION OF RISK, INFORMED CONSENT, and RELEASE OF LIABILITY**

I, \_\_\_\_\_ (print participant's full name), the undersigned participant, (or in the event the undersigned is under eighteen (18) years of age, the undersigned's parent or guardian), have actual knowledge and conscious appreciation of the particular dangers involved in sports activities organized by the University of West Florida. I acknowledge that the activities I will be participating in may involve strenuous physical activity, physical interaction with other participants, travel, exposure to inclement weather and other dangers, which may result in injuries to me, ranging from minor to severe, including serious permanent disability, paralysis, or death. These types of injuries may result from my own actions, the actions or inactions of others or a combination of both.

Other specific risks that may arise from my participation in these activities may also include, but are not limited to abrasions, bruises, burns, cardiomyopathy, concussions, cuts, dehydration, dental/oral injury, dislocations, eye injury, fungal/bacterial infection, fractures, head injury, heat illness, lacerations, ligament tears, muscle strain, scratches, spinal injury, sprains, and vision loss.

I understand that participating in sports activities require a minimum level of fitness for safe participation. I warrant that I am in good health and have no physical condition that would prevent me from participating. I acknowledge that it is my responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by the University of West Florida.

I understand that the rules and instructions involved with this activity are designed for my safety and protection and I hereby undertake to abide by all such rules and instructions. I understand that my failure to adhere to the rules and instructions involved with this activity may result in my being removed from this and other such activities presently and permanently.

In consideration of my participation, I hereby authorize the University of West Florida, and those acting pursuant to its authority, to record my participation, image, and appearance on video tape, audio tape, film, photograph or any other medium, use my name, likeness, image, voice and biographical material in connection with these recordings, exhibit or distribute, and modify such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which the University of West Florida deems appropriate.

In consideration of my participation, I agree to hold harmless, covenant not to sue, release and forever discharge the State of Florida, the Florida Board of Governors, the University of West Florida Board of Trustees, the University of West Florida, and all other sponsors and their respective officials, employees, agents, assigns, volunteers, and guests (hereinafter referred to as "Released Parties") from any and all liability resulting from the ordinary negligence of those involved, including Released Parties. I further save and hold harmless the Released Parties from any claim or lawsuit by me, my spouse, my family, estate, heirs, or assigns, arising out of my participation in the program offered or sponsored by the University of West Florida, including all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by use of my photograph, likeness or voice.

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

I hereby declare and represent that in making, executing and tendering this Statement of Assumption of Risk, Informed Consent and Release of Liability, I have read this statement, understand its contents and sign it of my own free will and choice.

Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of myself, my family, heirs and personal representatives, to assume the risks and responsibilities surrounding my participation in the Program.

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

\_\_\_\_\_  
Printed Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Telephone Number of Emergency Contact

UWF Medical Authorization

My child has my permission and is physically able to participate in all University of West Florida ("UWF") camp program activities.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Printed Name/Signature: \_\_\_\_\_

**PERMISSION/WAIVER FOR DISPENSING OF MEDICATION:**

It is required by the University of West Florida, as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

I request that \_\_\_\_\_ (Printed Name of Participant)

Receive \_\_\_\_\_  
Name and dosage of medication

For the period from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ (Date/Time(s))

Physician's description of any anticipated reaction of child to the medications (if any):

\_\_\_\_\_  
\_\_\_\_\_

I give permission to UWF to dispense medication to the camp participant named above while she/he is participating in a UWF program for which an appropriate authorization has been provided. I understand that UWF does not have medical personnel on staff to assist in the administration of medication for camp participants and that medication will be dispensed by the camp staff; I understand that UWF will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I covenant not to sue and release UWF and each of its trustees, employees and agents from all liabilities, claims, and demands for injury or loss that I and/or the above named participant may now or in the future have, resulting from the dispensing and/or administration of medication while in a UWF program or any disclosure relating to medication administered. I understand the prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the participant named above, the medication, and dosage.

\_\_\_\_\_  
Parent Printed Name/Signature

**AUTHORIZATION FOR MEDICAL TRANSPORTATION AND TREATMENT:**

If my child is injured in an accident or becomes seriously ill while participating in a UWF camp program, I authorize UWF to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold UWF harmless from all such costs, charges, and fees.

\_\_\_\_\_  
Parent Printed Name/Signature