

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

Activity (completed by UWF Staff) \_\_\_\_\_

In consideration of being permitted to participate in this activity, I agree to forever hold harmless, release, covenant not to sue, and forever discharge the State of Florida, the Florida Board of Governors, the University of West Florida Board of Trustees, 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 activity cited above and offered or sponsored by the University of West Florida.

I acknowledge that the activity I will be participating in may involve strenuous physical activity, physical interaction with other participants, 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. Other specific risks that may arise from my participation in this activity may also include, but are not limited to abrasions, concussions, cuts, dehydration, dental/oral injury, dislocations, eye injury, fractures, head injury, heat illness, lacerations, ligament tears, muscle strain, punctures, scratches, spinal injury, sprains, and vision loss. These types of injuries may result from my own actions, the actions or inactions of others or a combination of both.

I fully understand that the potential risks associated with my voluntary participation in the activity cited above. Despite the potential risks associated with this activity, I wish to participate and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that I may sustain as a result of participating in this activity, including injuries sustained as a result of the ordinary negligence of the Released Parties.

I understand this activity requires a minimum level of fitness for safe participation. I warrant that 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 request that employees of the University of West Florida take whatever steps necessary to secure medical treatment for me if I appear to be in need of such treatment while participating in the activity cited above. I consent to the rendering of all necessary treatment, including admission to a hospital or other appropriate health care facility as the University of West Florida, acting through its agents and/or employees, deems best.

I authorize the University of West Florida 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.

I 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 to be invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

Finally, 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.

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

\_\_\_\_\_  
Printed Name of Participant      UWF ID #

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

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

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