

## UNIVERSITY OF WEST FLORIDA ASSUMPTION OF RISK, WAIVER, AND RELEASE

I, \_\_\_\_\_ (print participant's full name), am aware that all fitness, sports, and recreation activities (hereinafter, referred to collectively as "activities") involve risk and that some are contact sports. I am aware that participating in any activities can be a dangerous activity involving MANY RISKS OF INJURY. These activities involve strenuous physical activity and may also involve physical interaction with other participants, exposure to weather, and other hazards. I understand that the dangers and risks of participating in activities include, but are not limited to death; serious injuries that may result in complete or partial paralysis; brain damage; serious internal injuries; and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of participating in activities may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the danger of participating in the above activities, I recognize the importance of following rules and regulations established by the University of West Florida, and I agree to obey such rules, regulations, and instructions. I understand that my failure, at any time, to adhere to the rules and regulations involved with these activities may result in my being permanently removed from the activity. I represent that I am in good physical condition and do not know of any condition or reason that I should not participate in the above activities.

**I also realize that fitness, sports, and recreation injuries can be catastrophic for those without proper medical coverage. It is strongly recommended that participants purchase insurance that covers accidents that may occur during participation in such activities.**

I recognize and assume all the risks associated with playing or participating in activities and, in consideration of the permission granted by The University of West Florida Board of Trustees to participate in such activities, I forever release The University of West Florida Board of Trustees and its respective officers, employees, agents, and volunteers from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind of nature whatsoever that may arise from or in connection with my participation in or related to the activities. I understand that these terms are a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family. 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.

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE UNIVERSITY OF WEST FLORIDA BOARD OF TRUSTEES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE

UNIVERSITY OF WEST FLORIDA BOARD OF TRUSTEES AND THEIR RESPECTIVE EMPLOYEES, AGENTS, AND VOLUNTEER IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE UNIVERSITY OF WEST FLORIDA BOARD OF TRUSTEES HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

**In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least 18 years old and fully competent. If I am less than 18 years old, then my parent or legal guardian has signed and, by their signature, has indicated that he/she has full authority to sign this waiver. I have read this agreement, understand that I am giving up substantial rights by signing it, and agree to be bound by it.**

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

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

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

\_\_\_\_\_  
Name of Emergency Contact (if different from above)

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