



Enter Your Organization/Department Name and Event Here
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In consideration of being permitted to participate in any way in the **Event/Activity Name/Description** of **Organization/Department Name**, I do hereby release, waive and discharge the State of Florida, University of South Florida Board of Trustees, their representatives, its officers, employees, agents, advisors, employees, and members, and the event sponsor, **Organization/Department Name**, and its advisor(s), officers, and members from any and all actions, damages, claims or demands which I, my heirs, personal representatives, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries, accidents or illnesses (including death), known or unknown, which I have or may incur by participation in the above stated event and for all damages and loss to my property.

I understand that my participation in this event is voluntary and that this event carries with it certain dangers and risks, including but not limited to: **(list known risks associated with participation in event, including injury and death – i.e. overexertion, poor judgment, emotional strain, slipping, falling, equipment failure, etc.)** which could ultimately result in injury, permanent disability, or death. I realize that I am responsible for any injuries to persons or property which may be incurred in connection with my participation in this event.

I also agree to indemnify and hold harmless the State of Florida, University of South Florida Board of Trustees, their representatives, its officers, employees, agents, advisors, employees, and members, and the event sponsor, **Organization/Department Name**, and its advisor(s), officers, and members of the aforementioned from any and all costs, damages, liabilities and losses that they may incur due to my participation in this event. I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned.

I further expressly agree that the foregoing acknowledgement of risk and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, am at least 18 years of age. I have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance. **If the participant is younger than 18 years of age, then his/her parent or legal guardian must also sign where indicated below/next page.**

Printed Name

University ID

Signature

Date

I am the parent or legal guardian of the participant indicated above, who is under the age of 18.
I agree on behalf of my child or ward to all the terms contained in this release.

Signature of Parent or Legal Guardian (if participant is younger than 18)

Date

Printed Name of Parent or Leal Guardian

Medical and Insurance Information for Participant:

In Case of Emergency, Contact: ***Enter Emergency Contact Name Here***

Relationship to student/member filling out form: ***Enter Relationship Here***

At the Following Number (Number best to reach at 24/7): ***Enter Phone Number Here***

Health Insurance Company: ***Enter Health Insurance Company Name Here***

Policy Number: ***Enter Health Insurance Policy Number Here***

Allergies: ***Enter Allergy Information Here***

Medications Currently On: ***Enter Medications Currently On Here***

Please list any special services you may require due to an existing medical condition
or physical disability: ***Enter Information Here***

If event requires travel, please also attach the ***Travel Waiver***.

If any participants are driving, please also attach the ***Driver Waiver*** for those participants.