ACKNOWLEDGMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY FOR PARTICIPATION in a UNIVERSITY OF NORTH FLORIDA EVENT FOR MINORS

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

| Participant: | | | | |
|--|---|--|---|---|
| Participant's Gender: | Age: | Grade: | | |
| Parent/Guardian: | | | | |
| Address: | | Apt: | | |
| City: | State: | Zip: | | |
| Telephone: Home: | Work: | Cell: | | |
| Emergency contact if parent or gua | ardian is unavailable: | Telephone: | | |
| I, as parent or guardian of the abov | /e-referenced individual, intend f | or him/her to participate in | the event ca | ılled |
| | ("Activity"), which | is sponsored by | | |
| ("Sponsor/Organizer/Operator"), so | cheduled to take place on or abo | ut | , 20 | _, and located |
| on the property of the University of | North Florida ("University") or ot | her location (specify) | | · |
| The event consists of the following | types of activities (i.e., - transpo | rtation, hiking, swimming, e | etc.) | |
| | | | | |
| I acknowledge that I must thoroug Waiver and Release of Liability ("F from my minor child participating in | Release") pertaining to the Activi | | | |
| I acknowledge and during the Activity and further ack child must respect the property of | | e held responsible for my | child's beha | vior and that my |
| 2. I acknowledge and policies, including those concethe event that I have any question is my responsibility to make an acknowledge and agree that my participation in the Activity by its Sparticipation. | s regarding the applicability of the ny necessary inquiries to the child must observe and comply | uired conduct. I further acl ne University's regulations a Activity Sponsor/Organize | knowledge a and policies er/Operator. nd condition | and agree that in to the Activity, it Additionally, I |
| 3. I acknowledge ar Sponsor/Organizer/Operator regar that, prior to executing this Releas hazards to my child resulting from participate in the Activity have be sound and voluntary decision for m | se, I have been provided the op his/her participating in the Activ en answered to my satisfaction | y or otherwise, to safely p portunity to inquire and dis ity. Any questions I had ro, and I have received suffi | articipate in scuss the po egarding my | the Activity and ossible risks and child's ability to |

and permission to record his/her participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The

In exchange for the University allowing my child to participate in the Activity, I give the University the right

| University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property. Initials: |
|--|
| 5. Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability: |
| (a) In exchange for the Activity Sponsor/Organizer/Operator making arrangements for, permitting my child to and assisting him/her in participating in the Activity, I hereby assume all risks of my child's participation in the Activity. Risks include, but are not limited to, transportation risks, risks of participation in the various components of the Activity, and all risks related to any physical or other condition from which my child might suffer. I acknowledge that the University and/or Activity Sponsor/Organizer/Operator does not provide personal accident/health insurance for my child, and I assume personal and financial responsibility for any medical care and treatment my child may require as the result of participating in the Activity. |
| (b) I acknowledge and agree that sponsor/organizer/operator will not provide medical personnel at the location of the Activity. I further acknowledge and agree that the Activity Sponsor/Organizer/Operator is granted permission to authorize emergency medical treatment for my child, if necessary, and that such action by the Activity Sponsor/Organizer/Operator is subject to the terms of this Release. |
| (c) In exchange for the University and the Activity Sponsor/Organizer/Operator allowing my child to participate in the Activity and having reviewed and agreed to all acknowledgments listed in paragraphs 1 through 5(b) of this Release as detailed above, I, on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my child participating in the Activity. I release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives, including the Activity Sponsor/Organizer/Operator ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by my child, whether caused by his/her action or negligence or the action or negligence of Releasees or third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm, loss, damage, or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my child's participation in the Activity. Initials: |
| 6. I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Jacksonville, Duval County, Florida. Initials: |
| I have read, understand, and acknowledge that through initialing each of the six (6) sections above in this two page Release, that I must comply with the information and directions and intend to be bound by the terms contained in this Release and I have voluntarily executed the Release. |
| Dated this day of, 20 |
| |
| Parent or Guardian's Signature |