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**Youth Protection Program**

**Participation Agreement and Waiver Form**

Program/Activity Information:

Name

Date(s):

Location:

Participant Information:

Participant’s Name:

Address:

City: State: Zip:

Phone Number: Alternate Phone Number:

Date of Birth:

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

I (parent/guardian name) , the parent or legal guardian of the Participant, (participant’s name) , for the sole consideration, the sufficiency of which is hereby acknowledged, of my and/or my child’s right to participate in the event or program described as Program/Activity Name (the Program), do hereby agree to the following relating to the Program:

I fully and voluntarily consent to my child’s participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child to risk of property damage, bodily, or personal injury. Participation could include certain physical activities such as [List activities] Examples: swimming, lifting, crossing streets, parking lots and intersections. I understand that the risks that I/my child may encounter include, but are not limited to [List risks associated with activities] Examples: transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause injury and/or death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks for myself and my child.

In consideration for receiving permission for me and/or my child to participate in the Program, which is sponsored by [insert UCF Department/Unit Name] (herein referred to as SPONSOR), I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes SPONSOR, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH**, that may be sustained by me or my child while participating in the Program, whether caused by RELEASEES’ negligence or otherwise, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I or my child should not participate.

I am fully aware that there are inherent risks involved with the Program, including but not limited to possible physical injury and loss of life and I choose to voluntarily participate in said Program with full knowledge that said Program may be hazardous to me and/or my child and my property/my child’s property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me and/or my child as a result of participating in said Program I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney’s fees for both the trial and appellate levels that may occur as a result of or in any way related to my/my child’s participation in said Program, whether caused by RELEASEES’ negligence or otherwise.

I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in the Program or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

I hereby represent that **I HAVE READ THIS RELEASE FORM IN ITS ENTIRETY AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS IT CONTAINS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT**, **AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue shall not constitute a waiver, in whole or part, of sovereign immunity by Releasees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child’s heirs, executors, administrators, and assigns, as well as myself and my child.

Print Parent/Guardian Name:

Parent/Guardian Signature: Date: