

USF ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In consideration of being permitted to participate in the ___Volunteer program_____ held on ___/___/___ (“Event”) at the University of South Florida, I do hereby release, waive and discharge the University of South Florida Board of Trustees, Florida Board of Governors, State of Florida, their respective representatives, trustees, officers, employees, agents, contractors and advisors (“Released Parties”) 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 the Event is completely voluntary and may include inherently dangerous activities that expose me to certain damages and risks, including but not limited to: overexertion; heart attack; stroke; physical injury; slipping; falling; equipment failure; poor judgment; and negligent participation by others. **THIS COULD ULTIMATELY RESULT IN SERIOUS BODILY INJURY, PARALYSIS, 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 the Event. I understand that I should not participate in any activities if I am under the influence of drugs or alcohol or if there are any physical or mental conditions that may impair my ability to understand instructions or to participate without creating risk to others or myself.

I agree that if I voluntarily engage in the Event it will be deemed that I have consented to receive treatment and further agree that in the event of my incapacitation due to a medical emergency, I consent to receive emergency medical care by the University of South Florida or their designees, as may be deemed necessary in their professional judgment.

I also agree to indemnify and hold harmless the Released Parties from any and all costs, damages, liabilities and losses that they may incur due to my participation in the Event including, but not limited those that arising out of my negligent or intentional acts. 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 balances 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.**

Printed Name

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

Date

Printed Name of Parent or Legal Guardian