

(Please Print Clearly)

Name: _____ (Circle One) **Male** **Female**
Last First M.I.

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

UF ID: _____ **Phone Number:** (____) _____ **Birth date:** ____/____/____

Activity: (Circle) **Sailing** **Waterskiing** **Wakeboarding** **Wind Surfing** **Stand Up Paddleboarding (SUP)**

Emergency Contact: _____ **Relationship:** _____ **Phone:** (____) _____

The person named on this release has successfully completed the following test(s):

Swim Check (Required to: Sail, Waterski, Wakeboard, Wind Surf, SUP)	Lake Wauburg Sail Test
Date: ____/____/____ Facility: _____	Date: ____/____/____
Status: Pass _____ Re-test _____	Written Status: Pass _____ Re-test _____ Initials _____
1) Nonstop 100 yard swim performed on the front only	Practical Status: Pass _____ Re-test _____ Initials _____
2) 3 minutes treading water with vertical body position and chin above water	

Signature of Examiner or Lifeguard

Signature of Examiner or Lifeguard

Office use only: **Date** ____/____/____ **Card #** _____

Please Read.

In consideration for the benefits to be derived from my participation in Sailing/Waterskiing/Stand Up Paddleboarding (SUP) I hereby acknowledge the following: (1) I am aware that Sailing/Waterskiing/SUP involve risk, (2) I am aware that participating in Sailing/Waterskiing/SUP will be a dangerous activity involving MANY RISKS OF INJURY; and (3) I UNDERSTAND THAT THE DANGERS AND RISKS OF SAILING/WATERSKIING/SUP INCLUDE, BUT ARE NOT LIMITED TO DROWNING, BITES AND/OR STINGS FROM ALLIGATORS, SNAKES AND INSECTS, DEATH, SERIOUS NECK AND SPINAL INJURIES, WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL INTERNAL ORGANS, BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS AND OTHER ASPECTS OF THE MUSCULAR SKELETAL SYSTEM, AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH, AND WELL-BEING.

I further understand and acknowledge that the dangers and risks of participating 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 Sailing/Waterskiing/SUP, I acknowledge and understand the importance of following rules and regulations established by the University of Florida and/or the Department of Recreational Sports. I hereby agree to obey such rules, regulations, and instructions. I further acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in Sailing/Waterskiing/SUP.

I RECOGNIZE AND ACKNOWLEDGE THAT THE UNIVERSITY OF FLORIDA AND THE DEPARTMENT OF RECREATIONAL SPORTS DO NOT CARRY ANY TYPE OF ACCIDENT OR HEALTH INSURANCE POLICY ON THE PARTICIPANTS IN RECSports ACTIVITIES. I ALSO REALIZE THAT INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE AND INDIVIDUAL ACCIDENT/INJURY INSURANCE COVERAGE IS RECOMMENDED. I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY PARTICIPATING IN SAILING/WATERSKIING/SUP AND RELEASE THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, THE UNIVERSITY OF FLORIDA DEPARTMENT OF RECREATIONAL SPORTS, THE DIVISION OF STUDENT AFFAIRS, THE FLORIDA DEPARTMENT OF EDUCATION AND THEIR RESPECTIVE EMPLOYEES, AGENT REPRESENTATIVES, 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 WHICH MAY ARISE OR IN CONNECTION WITH MY PARTICIPATION IN ANY ACTIVITIES RELATED TO SAILING/WATERSKIING/SUP. I understand that the terms hereof serve as a release and assumption of risk for me as well as my heirs, estates, executors, administrators, and assignees.

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 eighteen (18) years of age and fully competent. I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT.

Signature

UF E-mail

____/____/____
Date