

**MINOR PARTICIPANT ACKNOWLEDGEMENT OF RISK, RELEASE, AND AGREEMENT**

I \_\_\_\_\_ hereby acknowledge that I am the parent/legal guardian of \_\_\_\_\_, who is a minor under the age of eighteen (Minor Child). In consideration for the benefits to be derived from my Minor Child's participation in the UF Outdoor Team Challenge Courses (UF OTCC) activities, I, on behalf of myself and my Minor Child, hereby acknowledge the following:

On behalf of myself and my Minor Child, I acknowledge that participation in UF OTCC activities entails known and unanticipated risks, including inclement weather, which could result in physical or emotional injury, paralysis, death, or damage to my Minor Child, to property, or to third parties. On behalf of myself and my Minor Child, I understand that the dangers and risks include, but are not limited to, the potential for: slips, falls and fallings; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. On behalf of myself and my Minor Child, I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

On behalf of myself and my Minor Child, I further understand that the UF OTCC programs are based on the "challenge by choice" principle. At any time, my Minor Child, and/or their group are free to withdraw from participation in UF OTCC activities.

**ON BEHALF OF MYSELF AND MY MINOR CHILD, 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 certify that I have adequate insurance to cover any injury or damage my Minor Child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that my Minor Child has no medical or physical conditions, which could interfere with their safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

ON BEHALF OF MYSELF AND MY MINOR CHILD, I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY MINOR CHILD'S PARTICIPATION IN UF OTCC ACTIVITIES RELEASE THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, THE UNIVERSITY OF FLORIDA DEPARTMENT OF RECREATIONAL SPORTS 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 MINOR CHILD'S PARTICIPATION IN ANY ACTIVITIES RELATED TO THE UF OTCC. I understand that the terms hereof serve as a release and assumption of risk for me and on behalf of my Minor Child, as well as our 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 INDIVIDUALLY AND ON BEHALF OF MY MINOR CHILD TO BE BOUND BY IT.

Parent/Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Please Print*

Minor Child's Name \_\_\_\_\_ Signature \_\_\_\_\_ Organization \_\_\_\_\_  
*Please Print*

Address \_\_\_\_\_  
*Please Print* Street City State Zip Code

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_  
*Please Print*