



PARTICIPANT ACKNOWLEDGEMENT OF RISK, RELEASE, AND AGREEMENT

In consideration for the benefits to be derived from my participation in the UF Outdoor Team Challenge Courses (UF OTCC) activities, I hereby acknowledge the following:

1. _____ (Please Initial) I acknowledge that my 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 myself, to property, or to third parties. 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. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. _____ (Please Initial) I further understand that the UF OTCC programs are based on the "challenge by choice" principle. At any time I and/or my group are free to withdraw from participation in UF OTCC activities.
3. _____ (Please Initial) I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY PARTICIPATION IN UF OTCC ACTIVITIES. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
4. _____ (Please Initial) I HEARBY 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 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 THE UF OTCC.
5. _____ (Please Initial) 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.
6. _____ (Please Initial) 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 I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my 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.
7. _____ (Please Initial) 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.

Print Name _____ Signature _____ Date _____

UF ID# _____ Phone _____ Organization _____

Address _____
Street City State Zip Code

Emergency Contact Name _____ Phone _____ Relation _____