

READ CAREFULLY BEFORE SIGNING

IDENTIFICATION OF RISK

In consideration for my child's participation in the Swamp Bowl Flag Football Tournament (Swamp Bowl) on or about November 4, 2017 through November 5, 2017, I, on behalf of myself and my child, hereby acknowledge the following: (1) I am aware my child's participation in Swamp Bowl involves and poses MANY RISKS OF INJURY, inherent or otherwise, that cannot be entirely eliminated and may jeopardize my child's safety, health and well-being; and (2) I understand that the dangers and risks of participation may include MINOR TO SERIOUS INJURIES BEFORE, DURING, AND AFTER PARTICIPATION IN RECSports ACTIVITIES, PHYSICAL, MENTAL, OR EMOTIONAL INJURY OR DISABILITY, ILLNESS, OR EVEN DEATH; and (3) I am aware that Swamp Bowl will involve risks for injuries which may include, but are not limited to SERIOUS PHYSICAL HARM, SEVERE NECK AND SPINAL INJURIES, WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, TEMPORARY OR PERMANENT DISABILITY, SERIOUS INJURY TO 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 CHILD'S BODY, GENERAL HEALTH, AND WELL-BEING. On behalf of myself and my child, I further understand and acknowledge that the dangers and risks of participating in Swamp Bowl may result not only in injury, but serious impairment of my child's future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

ACKNOWLEDGMENT OF RISK

Because of the danger of participating in Swamp Bowl, I acknowledge and understand the importance of my child following the rules, regulations and instructions established by the University of Florida and/or the Department of Recreational Sports. I represent that I have discussed the importance of following the rules, regulations and instructions with my child and my child agrees to obey such rules, regulations, and instructions. I expressly, knowingly, and voluntarily accept and assume all risks existing in my child's participation in Swamp Bowl.

I further acknowledge that my child is in good physical condition and I do not know of any medical or physical condition or other reason that my child should not participate in Swamp Bowl, or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition.

I understand that the University of Florida's Department of Recreational Sports will provide certified athletic trainers, who are not medical doctors, to evaluate injuries and provide immediate first aid if needed. Should an injury occur, athletic trainers will provide minimal treatment to the best of their ability and refer injured participants for additional medical attention elsewhere, if necessary. The athletic trainers reserve the right to hold any participant out of competition, in their sole discretion.

WAIVER OF LIABILITY

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN SWAMP BOWL AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND HOLD HARMLESS THE UNIVERSITY OF FLORIDA, THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, AND THEIR RESPECTIVE EMPLOYEES, AGENTS, REPRESENTATIVES, EMPLOYEES, AND VOLUNTEERS (collectively, "RELEASEES") FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CLAIMS, AND EXPENSES, INCLUDING ATTORNEY'S FEES OR DEMANDS OF ANY KIND OR NATURE, WHICH MAY ARISE IN CONNECTION WITH MY CHILD'S PARTICIPATION IN SWAMP BOWL AND RESULTING IN ANY ACCIDENTS, INJURIES, DAMAGES, OR PROPERTY LOSSES ARISING THERE FROM, HOWEVER CAUSED, INCLUDING THE NEGLIGENCE OF ANY PARTY, INCLUDING THE RELEASEES, WHETHER PASSIVE OR ACTIVE. By signing this Waiver, I hereby assume FULL RESPONSIBILITY for any risk of bodily injury, death, damages, or property losses due to the negligence of the RELEASEES or otherwise in connection with or related to my child's participation in SWAMP BOWL, and agree that the RELEASEES may NOT be held liable or responsible in ANY way to my child as the participant, or my family, heirs, representatives, or assigns.

ABSENCE OF INSURANCE POLICY OR COVERAGE

I RECOGNIZE AND ACKNOWLEDGE THAT THE UNIVERSITY OF FLORIDA AND THE DEPARTMENT OF RECREATIONAL SPORTS DO NOT CARRY ANY TYPE OF ACCIDENT/INJURY OR HEALTH INSURANCE POLICY ON THE PARTICIPANTS IN SWAMP BOWL. I ACKNOWLEDGE THAT THE UNIVERSITY OF FLORIDA AND THE DEPARTMENT OF RECREATIONAL SPORTS WILL NOT COVER MY CHILD, ME, MY FAMILY, HEIRS, REPRESENTATIVES, OR ASSIGNS IN THE EVENT OF ACCIDENT, INJURY, ILLNESS, OR DEATH.

By voluntarily signing this Release, I acknowledge and represent: (1) I have fully read and understand the Release's contents; (2) I sign for full and adequate consideration, fully intending to be bound by the same; and (3) I am at least eighteen (18) years of age and fully competent; (4) I am the parent/legal guardian of a participant who is a minor, under the age of eighteen (18) years of age. By signing this Waiver, I expressly agree that the foregoing is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the remainder of the Release shall continue in full legal force and effect.

I HAVE READ THIS RELEASE, AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WAIVER HAVE BEEN MADE, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

_____/_____/_____
Signature of Parent/ Legal Guardian Print Name Date

_____/_____/_____
Signature of Minor Participant Print Name Date

_____/_____/_____
Participant Date of Birth School / Organization

Home Street Address City State Zip Code Phone (xxx) xxx-xxxx

Emergency Contact Phone Relationship