## ACKNOWLEDGMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY FOR PARTICIPATION in a UNIVERSITY OF NORTH FLORIDA EVENT FOR MINORS

## (NON-UNF SPONSORED EVENT/CAMP)

## THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Participant:			
Participant's Gender:	Age:	Grade:	
Parent/Guardian:			
Address:			
City / State / Zip Code:			
Telephone: Home:	Work:	Cell:	
Emergency contact if parent or guardia	n is unavailable:	Telephone:	
I, as parent or guardian of the above-re	ferenced individual, intend	for him/her to participate in th	ne event called
	("Activity"), which	ı is sponsored by	
("Sponsor/Organizer/Operator"), sched	uled to take place on or abo	out	, and located on the
property of the University of North Flori	da ("University") or other loc	cation (specify)	The
event consists of the following types of	activities (i.e., - transportati	on, hiking, swimming, etc.)	
I acknowledge the Event or Camp is operated by The University of North		enterprise and is not own	ed, sponsored, or
I acknowledge that I must thoroughly re Waiver and Release of Liability ("Release from my minor child participating in this	ase") pertaining to the Activ		
I acknowledge and agr during the Activity and further acknowledge child must respect the property of the Legisland and the Activities of the Legisland acknowledge and agreement acknowledge.	edge and agree that I will b		hild's behavior and that my
2. I acknowledge and ag and policies, including those concerning the event that I have any questions regis my responsibility to make any neacknowledge and agree that my child participation in the Activity by its Spons	g alcohol/drug use and req garding the applicability of tl ecessary inquiries to the I must observe and compl	he University's regulations a Activity Sponsor/Organizer	nowledge and agree that in nd policies to the Activity, it Operator. Additionally, I
3. I acknowledge and a Sponsor/Organizer/Operator regarding that, prior to executing this Release, I hazards to my child resulting from his/participate in the Activity have been a sound and voluntary decision for my ch	my child's ability, physical have been provided the op her participating in the Activ nswered to my satisfaction	oportunity to inquire and disc vity. Any questions I had re n, and I have received suffic	articipate in the Activity and cuss the possible risks and garding my child's ability to

and perr medium Universit	and to ty may	to record his/her participation and appe use my name, likeness, voice and biog exhibit or distribute all or any part of the	my child to participate in the Activity, I give the Usearance on videotape, audiotape, film, photographical information in connection with these ese recordings for any educational or promotion such recordings shall be the University's property Initials:	aphy or any other recordings. The al purpose which /.
;	5.	Please pay particular attention to para	agraphs 5(a) through 5(c) regarding your risk	liability:
assisting include, risks related Activity	him/he but are ated to Sponso I and fir	er in participating in the Activity, I hereby not limited to, transportation risks, risks any physical or other condition from whic or/Organizer/Operator does <b>not</b> provide	zer/Operator making arrangements for, permitting assume all risks of my child's participation in the of participation in the various components of the child might suffer. I acknowledge that the personal accident/health insurance for my child and treatment my child may require as the rest	ne Activity. Risks e Activity, and al University and/o d, and I assume
the Activation	vity. I e eme	further acknowledge and agree that the	nizer/operator will not provide medical personnel ne Activity Sponsor/Organizer/Operator is grant child, if necessary, and that such action is Release.	ed permission to
the Activas detail the risks sue the officers, and aga costs an arising of that may Release harm, lo	vity and led above and re Universe agents inst any dexper out of or y be sues or the ss, dan	having reviewed and agreed to all acknowe, I, on behalf of my child, family, heirs, esponsibilities of my child participating in the sity of North Florida Board of Trustees, enchoyees, and representatives, including and all liability for any and all claims, nases of any nature, including attorneys' fer related to any harm, loss, damage or incustained by my child, whether caused laired parties in connection with the Activity	rity Sponsor/Organizer/Operator allowing my chil nowledgments listed in paragraphs 1 through 5(kg, beneficiaries, and personal representatives, ago the Activity. I release and forever discharge and the Florida Board of Governors, and the State ding the Activity Sponsor/Organizer/Operator ("demands, actions, causes of action of whateverses ("Claims") that I may have or that may herea injury, including but not limited to suffering, death by his/her action or negligence or the action by I also agree not to sue Releasees in connect did hold Releasees harmless from and against a my child's participation in the Activity.	o) of this Release ree to assume all d covenant not to e of Florida, their Releasees") from er kind or nature, fter accrue to me, or property loss or negligence of ion with any such Il claims asserted
unenford agree th	ceable, at this	all remaining provisions of this Release	ld any provision or aspect of this Release will remain in full force and effect. Further, I at the laws of the State of Florida and that the veryille, Duval County, Florida.	acknowledge and nue for any lega
Release	, that I		gh initialing each of the six (6) sections above directions and intend to be bound by the terms	
Parent o	r Guard	dian's Signature		
Date				