

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

OFF-CAMPUS PROGRAM _____

INSTRUCTOR _____ PROGRAM DATE(S) _____

STUDENT NAME _____ SS# _____

In consideration of the permission granted by the University of South Florida to participate in the above program, I hereby assume the risk of inconvenience and harm and release the State of Florida, the State Board of Education, The Florida Board of Education, the University of South Florida Board of Trustees and the University of South Florida, as well as the agents, employees, and members of the aforementioned from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries know or unknown which I have or may incur by participation in the above stated program and for all damages to my property.

I certify that I am physically and emotionally capable of full participation. I realize that I am responsible for any injuries to persons or property that may be incurred as a result of my participation in this program.

The undersigned acknowledges and understands that in the event he/she becomes detached from the group, fails to meet a departure vehicle, or becomes sick or injured, the undersigned will bear all financial responsibility to seek our contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

I expressly agree that the foregoing Release and Waiver of Liability and Assumption of Risk is intended to be as broad and inclusive as is permitted by Florida law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that the University of South Florida requires that I document my medical insurance policy information however, if I am unable to provide such documentation I release the State of Florida, the State Board of Education, The Florida Board of Education, the University of South Florida Board of Trustees and the University of South Florida, as well as the agents, employees, and members of the aforementioned from responsibility if I incur any personal injuries while participating in this program.

I, the undersigned, am at least 18 years of age. I have read this Release and Waiver of Liability and Assumption of Risk and understand all of its terms and recognize and accept any risk associate with the program.

IN WITNESS WHEREOF I have executed this Agreement on the day and year first written below.

Participant's Signature

Date

Insurance Company (If applicable)

Policy Number