

UCF ATHLETICS ASSOCIATION, INC.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

_____ (User printed name) I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, KNOWINGLY AND VOLUNTARILY RELEASE AND FOREVER DISCHARGE THE UCF ATHLETICS ASSOCIATION, INC., UNIVERSITY OF CENTRAL FLORIDA, THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, SERVANTS, VOLUNTEERS (COLLECTIVELY THE "RELEASEES"), FROM ANY CLAIMS OF THEIR NEGLIGENCE, AND ANY OTHER CLAIMS, LIABILITIES, DEMANDS, COSTS, OR CAUSES OF ACTIONS FOR ANY INJURY, DEATH, DAMAGE OR LOSS CAUSED, DIRECTLY OR INDIRECTLY, BY ANY USE OF BUILDINGS OR TRAINING CONDUCTED AT THE UNIVERSITY OF CENTRAL (FACILITY). FURTHER, I RELEASE AND WAIVE ALL CLAIMS, LIABILITIES, DEMANDS, COSTS OR CAUSES OF ACTION IN ANY WAY OCCURRING DURING MY TIME AT THE FACILITY AND THIS RELEASE EXPRESSLY INCLUDES ANY CLAIMS OF NEGLIGENCE AGAINST ANY OF THE RELEASEES. IN SHORT, I AGREE NOT TO SUE THE RELEASEES FOR ANYTHING RELATED TO MY USE OF THE FACILITY, EVEN THEIR OWN NEGLIGENCE.

I UNDERSTAND THAT ATHLETIC TRAINING INVOLVES RISK, AND I AGREE TO ASSUME THE RISKS THAT ARE INHERENT WITH SUCH ACTIVITY. I ALSO WAIVE AND RELEASE ANY AND ALL CLAIMS (INCLUDING CLAIMS FOR NEGLIGENCE), LIABILITIES, DEMANDS, COSTS, OR CAUSES OF ACTION AGAINST RELEASEES FOR ANY INJURY, DEATH, DAMAGE OR LOSS INCURRED IN CONNECTION WITH MECHANICAL OR EQUIPMENT MALFUNCTIONS, ABNORMAL CONDITIONS OR DEVELOPMENTS, OR ANY OTHER ACTIONS, OMISSIONS OR ANY OTHER CONDITIONS OCCURRING IN CONNECTION WITH MY WORKOUT OR THE USE OF THE FACILITY. I ACKNOWLEDGE AND AGREE THAT I AM AWARE OF AND ALSO HAVE BEEN WARNED OF SUCH RISKS, AND I HAVE BEEN ADVISED TO TAKE APPROPRIATE ACTION AND TO GOVERN MYSELF ACCORDINGLY.

I GRANT UCF ATHLETICS ASSOCIATION, INC., OR ITS APPROPRIATE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, SERVANTS, VOLUNTEERS, FULL AUTHORITY TO TAKE WHATEVER ACTION THEY MAY CONSIDER TO BE WARRANTED UNDER THE CIRCUMSTANCES CONCERNING MY HEALTH AND SAFETY; I FULLY RELEASE THE RELEASEES FROM ANY RESPONSIBILITY AND LIABILITY FOR ANY SUCH DECISION OR ACTION AS MAY BE TAKEN IN CONNECTION THEREWITH. I AUTHORIZE UCF ATHLETICS ASSOCIATION, INC., OR ITS APPROPRIATE OFFICERS, AGENTS, EMPLOYEES, SERVANTS, VOLUNTEERS, OR ITS CONTRACTORS, AT THEIR DISCRETION, TO PLACE ME, AT MY OWN EXPENSE (OR AT THE EXPENSE OF ONE OR BOTH OF MY PARENTS OR GUARDIAN(S)) AND WITHOUT MY FURTHER CONSENT, IN A HOSPITAL FOR MEDICAL SERVICES AND TREATMENT, OR IF NO HOSPITAL IS READILY AVAILABLE, TO PLACE ME IN THE HANDS OF A LOCAL MEDICAL DOCTOR FOR TREATMENT.

I HAVE READ AND AGREE TO COMPLY FULLY WITH THE RULES OF THE FACILITY. I AGREE THAT UCF ATHLETICS ASSOCIATION, INC., HAS THE RIGHT TO ENFORCE ITS STANDARDS OF CONDUCT AND THAT, SHOULD I FAIL TO COMPLY WITH THEM, IT HAS THE RIGHT TO TERMINATE MY PARTICIPATION AND USE OF THE FACILITY. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF USER: _____ DATE: _____

PARENT/GUARDIAN (IF USER IS UNDER AGE 18): _____ DATE: _____

ASSISTANT AD, EVENT MANAGEMENT & OPERATIONS: _____ DATE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE NUMBER: _____