

Sport Clubs Waiver
Participants Over Eighteen (18) Years of Age

This form must be signed by **ALL** Sport Clubs participants and guests eighteen years of age or older. If you are under eighteen, please see the Recreational Sports staff for the appropriate form. Please fill out one form for each sport in which you will participate. A Sport Clubs Waiver must be completed annually. It is strongly recommended that participants purchase insurance that covers accidents which may occur during Sport Clubs activities.

Please write legibly and provide the appropriate response in all blank spaces!!!

Club: _____ Participant Name: _____ DOB ____/____/____
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Local Address: _____ City, State, ZIP: _____

Phone Number: _____ UFL E-mail: _____

Biographical Information: Freshman Sophomore Junior Senior Grad Student Faculty/Staff Spouse Guest

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

Please Read.

In consideration for the benefits to be derived from my participation in a Sport Club, I hereby acknowledge the following: (1) I am aware that all Sport Clubs involve risk, and that some are violent contact sports; (2) I am aware that playing or practicing in any Sport Club will be a dangerous activity involving MANY RISKS OF INJURY; and (3) I UNDERSTAND THAT THE DANGERS AND RISKS OF PLAYING OR PRACTICING _____ (SPORT) INCLUDE, BUT ARE NOT LIMITED TO DEATH, SERIOUS NECK AND SPINAL INJURIES, WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL 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 BODY, GENERAL HEALTH, AND WELL-BEING. I further understand and acknowledge that the dangers and risks of playing or practicing _____ (sport) may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the danger of participating in the above sport, I acknowledge and understand the importance of following rules and regulations established by the University of Florida and/or the Department of Recreational Sports. I hereby agree to obey such rules, regulations, and instructions.

I further acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in _____ (sport).

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 SPORT CLUB ACTIVITIES. I ALSO REALIZE THAT SPORTS INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE.

I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY PLAYING OR PRACTICING _____ (SPORT) AND RELEASE THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, THE UNIVERSITY OF FLORIDA DEPARTMENT OF RECREATIONAL SPORTS, THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, 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 _____ (SPORT) CLUB. 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.

In signing this agreement, or selecting **“Accept Terms & Conditions”** to electronically sign this agreement I acknowledge and represent that I have read and understand it; that I sign or select **“Accept Terms & Conditions”** to electronically 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.

Participant Signature *“Accept Terms and Conditions”*

UFID

____/____/____
Date