

Release of Liability and Assumption of Risk

1. In consideration for receiving permission to participate in _____ (herein referred to as the "ACTIVITY"), which is offered as a voluntary experiential field trip in conjunction with the Learning Institute for Elders at University of Central Florida (LIFE at UCF), which may also be referred to in this Release as "SPONSOR", and for which the adequacy of consideration is hereby stipulated and agreed, I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY FOREVER RELEASE, WAIVE, DISCHARGE, INDEMNIFY, HOLD HARMLESS, and PROMISE NOT TO SUE THE SPONSOR, THE UNIVERSITY OF CENTRAL FLORIDA OR ANY OTHER SPONSORING, GOVERNING, OR AFFILIATING ORGANIZATION OR ENTITY, AND ALL OFFICERS, EMPLOYEES, VOLUNTEERS, STAFF, SPONSORS, CONTRACTORS, OR AGENTS OF ANY OF THE FOREGOING, ALL OF WHOM SHALL COLLECTIVELY BE REFERRED TO IN THIS RELEASE AS THE "RELEASEES," WITH RESPECT TO ANY AND ALL INJURY, DEATH, LOSS, PROPERTY DAMAGE, LIABILITY, CLAIMS, DEMANDS, ATTORNEY'S FEES, AND CAUSES OF ACTION, ARISING IN ANY MANNER WHATSOEVER FROM MY PARTICIPATION IN THE ACTIVITY OR TRANSPORTATION TO OR FROM THE ACTIVITY, OR WHILE ON PREMISES OWNED, LEASED OR MAINTAINED BY RELEASEES, WHETHER CAUSED BY THE NEGLIGENCE OF ALL OR ANY OF THE INDIVIDUAL PERSONS COMPRISING RELEASEES, OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW. I acknowledge the ACTIVITY may include physically strenuous activities. I acknowledge that I am not aware of any medical condition or limitation which could or should prevent me from participating in the ACTIVITY.

2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to possible physical injury and loss of life and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. I will provide my own transportation to the venue for the ACTIVITY specified above (which means that I am either driving myself in my own vehicle and/or that I am carpooling with other LIFE at UCF members/participants.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this ACTIVITY or any event related to that participation and that RELEASEES do not maintain any insurance policy covering my personal transportation to said venue (and/or any other insurance covering me). And I hereby affirm that I maintain personal automobile insurance, which includes adequate levels of property and liability insurance coverage.

4. I hereby certify that I am at least 18 years of age and am legally competent to sign this Release. If I am under the age of 18, I have had my legal parent/ guardian sign this Release, along with myself. This Release shall be governed by the laws of the State of Florida.

I hereby represent that **I HAVE READ THIS RELEASE FORM IN ITS ENTIRETY AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS IT CONTAINS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Participant Printed Name: _____

Participant Signature: _____

Date Signed: Month _____ Day _____ Year _____ *Example: Month 06 Day 01 Year 1945*

UCF/LIFE PID ID #: _____