UNIVERSITY OF CENTRAL FLORIDA

## Release of Liability and Assumption of Risk for the William E. and Mary Jo Davis Recreation Area at Lake Claire

*Notice:* By signing this agreement you give up your right to bring legal action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the **University of Central Florida Lake Claire** now or anytime in the future.

- In consideration for receiving permission for use of the The William E. and Mary Jo Davis Recreation area at Lake Claire (herein referred to as LAKE CLAIRE ACTIVITIES), which is sponsored by the Recreation and Wellness Center (herein referred to as SPONSOR), a component member of THE UNIVERSITY OF CENTRAL FLORIDA, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes SPONSOR, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such LAKE CLAIRE ACTIVITIES, whether caused by RELEASEES' negligence or otherwise, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.
- 2. I am fully aware that there are inherent risks involved with LAKE CLAIRE ACTIVITIES, including but not limited to possible physical injury and loss of life (including but not limited to all injuries resulting from water complications and/or the misuse of aquatic equipment) and I choose to voluntarily participate in said LAKE CLAIRE ACTIVITIES with full knowledge that said LAKE CLAIRE ACTIVITIES may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said LAKE CLAIRE ACTIVITIES, whether supervised or unsupervised. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of or in any way related to my participation in said LAKE CLAIRE ACTIVITIES, whether caused by RELEASEES' negligence or otherwise.
- 3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in these LAKE CLAIRE ACTIVITIES or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
- 4. I hereby certify that I am at least 18 years of age and am legally competent to sign this release form. If I am under the age of 18, I have had my legal parent/ guardian sign this agreement, along with myself. It is my express intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and 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.

SIGNED this day of	
Participant:	
Printed Name:	
Student or Employee NID:	
Parent or Legal Guardian:	
(If Participant is under 18 years old)	
WITNESS:	
Printed Name:	