

University of Florida
Department of Recreational Sports
Sport Clubs Waiver
Participants UNDER Eighteen (18) Years of Age

For **ALL** Sport Clubs participants and guests less than eighteen years of age: This form must be signed by your parent and/or legal guardian. If you are over eighteen, please see the Recreational Sports staff for the appropriate form. Please fill out one form for each sport in which you will participate. The Sport Clubs Waiver form 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.

I _____ hereby acknowledge that I am the parent/ legal guardian of _____, who is a minor under the age of eighteen ("Minor Child"). In consideration for the benefits to be derived from My Minor Child's participation in a Sport Club, I, on behalf of myself and my Minor Child, 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 MINOR CHILD'S BODY, GENERAL HEALTH, AND WELL-BEING. On behalf of myself and my Minor Child, 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 Minor Child's 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, both on my own behalf and on behalf of my Minor Child, acknowledge and understand the importance of following rules and regulations established by the University of Florida and/or the Department of Recreational Sports. My minor child hereby agrees to obey such rules, regulations, and instructions.

I further acknowledge that my Minor Child is in good physical condition and do not know of any condition or reason that my Minor Child 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.

On behalf of myself and my Minor Child, I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY MINOR CHILD 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 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

