



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 Challenge Course** now or anytime in the future.

Release of Liability and Assumption of Risk

1. In consideration for receiving permission for use of the **UCF Challenge Course** (herein referred to as **ACTIVITY**), 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 **ACTIVITY**, 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 **ACTIVITY**, including but not limited to possible physical injury and loss of life (i.e. **ACTIVITY** includes but is not limited to rock climbing and other physically challenging activities) and I choose to voluntarily participate in said **ACTIVITY** with full knowledge that said **ACTIVITY** 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 **ACTIVITY**, 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 my participation in said **ACTIVITY**.

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. 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 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.

Participant Printed Name: _____

Participant Signature: _____

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

PID ID #: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Witness Printed Name: _____

Witness Signature: _____