

**STUDENT RELEASE FOR PARTICIAPATION IN ACTIVITY OR COURSE OF STUDY**

Name of College or Course \_\_\_\_\_ Term/Year \_\_\_\_\_

In consideration of the permission granted by the University of South Florida Board of Trustees, a public body corporate of the State of Florida, Tampa, Florida, to enroll and participate in the above stated course or course of study, I do hereby release the State of Florida, the Florida Board of Governors, the University of South Florida Board of Trustees, the University of South Florida, and the Sponsors of the event as well as the agents, employees and members of the aforementioned, from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against any and all of the aforementioned for any and all personal injuries, known or unknown, which I have or may incur by participation in the above stated event and for all damage to my property.

I realize that there are inherent dangers and risks involved in outside classroom activity, construction sites, the clinical study or the classroom setting within this course or course of study including but not limited to \_\_\_\_\_ and I hereby agree to hold harmless the State of Florida, the Florida Board of Governors, the University of South Florida Board of Trustees, the University of South Florida, and the faculty or staff supervising the course or course of study, as well as the agents, employees, and members of the aforementioned from any loss, liability, damage or cost that they may incur due to my enrollment or participation in this course or course of study.

I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned.

I expressly agree that the foregoing Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, have read this Release and Waiver of Liability Agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

I, (print name) \_\_\_\_\_, am over the age of 18 years old, and live at the address known as \_\_\_\_\_, City of

\_\_\_\_\_, in the State of Florida and I have executed this

Agreement on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
(witness if requested)

\_\_\_\_\_  
Date