

3. I acknowledge and agree that it is my obligation to make any necessary inquiries to UNF's Department of Recreation and Wellness regarding my/my child's ability, physically or otherwise, to safely participate in the Approved Activities and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to myself/my child resulting from myself/his/her participating in the Approved Activities. Any questions I had regarding my/my child's ability to participate in the Approved Activities have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision for myself/my child to participate in the Approved Activities.

Initials: _____

4. In exchange for UNF allowing myself/my child to participate in the Approved Activities, I give UNF the right and permission to record my/his/her participation and appearance on videotape, audiotape, film, photography or any other medium and to use his/her name, likeness, voice and biographical information in connection with these recordings. UNF may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the UNF and its employees deem appropriate. All such recordings shall be UNF's property.

Initials: _____

5. Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability:

(a) In exchange for UNF's Department of Recreation and Wellness making arrangements for, permitting me/my child and assisting him/her in participating in the Approved Activities, I hereby assume all risks of my/my child's participation in the Approved Activities. Risks include, but are not limited to, transportation risks, risks of participation in the various component of the Approved Activities, and all risks related to any physical or other condition from which I/my child might suffer. I acknowledge that UNF's Department of Recreation and Wellness does **not** provide personal accident/health insurance for me/my child, and I assume personal and financial responsibility for any medical care and treatment I/my child may require as a result of participating in the Approved Activities.

(b) I acknowledge and agree that there will not be medical personnel available at the location of the Approved Activities. I further acknowledge and agree that UNF's Department of Recreation and Wellness is granted permission to authorize emergency medical treatment for me/my child, if necessary, and that such action is subject to the terms of this Release.

(c) In exchange for UNF's Department of Recreation and Wellness allowing me/my child to participate in the Approved Activities and having reviewed and agreed to all acknowledgments listed in paragraphs 1 through 5(b) of this Release as detailed above, I, or on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of me/my child participating in the Approved Activities. I release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, specifically including those working under the direction of the UNF Department of Recreation and Wellness ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injurying
