

PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY

IDENTIFICATION OF RISK AND RELEASE

In consideration for permission for my/my child's participation in the _____, hosted by the [UF | Florida Semiconductor Institute](#) on [September 27, 2025](#), ("Event") at the University of Florida/or off campus location [Reitz Union North Lawn/ Career Center](#), I hereby VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS the University of Florida Board of Trustees, the University Athletic Association, Inc., University of Florida Health Corporation, and their respective affiliated entities, officers, employees, agents, representatives, and volunteers (collectively, RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Event, or while in or upon the premises where the Event or any associated activities are being conducted.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I am fully aware of the risks and hazards connected with participation in such Event, and its equipment and activities, including but not limited to injuries resulting from my/my child coming into contact with other person(s), objects, or the ground; injuries that occur from negligence or lack of adequate training; injuries or death resulting from use of the facility or any equipment of host; injuries or death resulting from my/my child's physical or health conditions (whether disclosed to the RELEASEES or not); and personal property theft and other crime, which could result in injuries and property damage. I acknowledge that there exists a possibility of physical injury or death in observing or participating in the Event and am fully aware that there may be risks and hazards unknown to me/my child connected with participating in said Event. Because of the dangers of participating in the Event, I acknowledge and understand the importance of following rules and regulations established by RELEASEES and the [UF | Florida Semiconductor Institute](#). I hereby agree that I and/or my child will obey such rules, regulations, and instructions. I HEREBY VOLUNTARILY ELECT TO PARTICIPATE, OR FOR MY CHILD TO PARTICIPATE, IN AND ASSUME ALL RISKS OF SUCH EVENT, KNOWING THAT CONDITIONS MAY BE HAZARDOUS OR DANGEROUS TO ME AND/OR MY CHILD AND MY PROPERTY.

ACKNOWLEDGMENT OF GOOD HEALTH

I further acknowledge that I/my child am/is in good physical condition and do not know of any medical, mental or physical condition or other reason that I/my child should not participate in said Event or which could interfere with my/my child's safety in such Event, or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition.

CONSENT TO NECESSARY MEDICAL TREATMENT AND INSURANCE

During the Event, I hereby give permission for the Event staff, including health care practitioners such as athletic trainers and those under their supervision, to administer appropriate medical attention, including medication, to me/my child in the event of any accident, illness, or injury. In the event of an emergency, 911 will be called, and I will be responsible for any and all costs of medical coverage and treatment not covered by my/my child's insurance. I understand that RELEASEES do not provide any type of insurance for participants. I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any insurance policy I feel I/my child may need while participating in said Event.

PHOTO/VIDEO CONSENT

I hereby give my permission for RELEASEES to photograph me/my child or otherwise record my/my child's image before, during, and after my/my child's participation in said Event, and to publish such image or depiction (all such photographs, videos, images, or depictions collectively referred to hereafter as the "Photographs") in any form of publication, including but not limited to print, electronic, video or Internet, with or without associating my/my child's name thereto. I further permit RELEASEES to use the Photographs, without my/my child's prior approval, for any legal purpose without payment or compensation to me/my child in any form. I agree that any intellectual property rights associated with such Photographs are the sole property of RELEASEES.

CONSENT TO LIMITED DATA COLLECTION

I hereby give permission for the University of Florida [UF | Florida Semiconductor Institute](#) to collect information from me/my child for the limited purpose of Event registration and participation. I understand that this information will not be shared with any third-party, unless otherwise required by any third-party platform provider for participation. For additional information on the University's privacy policies, please visit:

<https://privacy.ufl.edu/privacy-policies-and-procedures/onlineinternet-privacy-statement/>.

In signing this WAIVER, I ACKNOWLEDGE and REPRESENT that:

(1) I have read the foregoing WAIVER, understand it, and sign it voluntarily as my own free act and deed; (2) I am at least eighteen (18) years of age and fully competent; or have the signature of a parent or guardian below; (3) I execute this WAIVER for full, adequate and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representative, and estate; (4) I agree that this WAIVER is to be construed under the laws of the State of Florida, U.S.A.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGN IT VOLUNTARILY, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Participant's Printed Name	Signature	Date
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Parent's or Guardian's Printed Name (If Participant is under 18 years of age)	Signature	Date
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