

USF Botanical Gardens Waiver of Liability and Hold Harmless Agreement

1. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE the University of South Florida, University of South Florida Botanical Gardens or any of its members, any University or Organization, The Hillsborough County Cooperative Extension Service, The City of Tampa, the Hillsborough County Board of County Commissioners, State of Florida, The County of Hillsborough, their officers, servants, agents, or employees (hereinafter referred to as RELEASES) 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, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES, or otherwise, while participating in such course or activity, or while in, on or upon the premises where the activity is being conducted.
2. To the best of my knowledge, I am not allergic to bee stings. I am fully aware of risks and hazards connected with the activity of keeping honey bees, including the risk of being stung by a honey bee, and I hereby elect to voluntarily participate in said activity, and to enter the Botanical Gardens premises and engage in such activity knowing that the 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, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASES from any loss, liability damage or costs, including attorney's fees, they incur due to my participation in said activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASES or otherwise.
4. 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 representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, and DISCHARGE AND COVENANT NOT TO SUE the above names RELEASES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT:

- A. I have read the foregoing Release, understand it and sign it voluntarily as my own free act and deed;
- B. No oral representations, statements, or inducements, apart from the foregoing written agreement, have been made;
- C. I am at least eighteen (18) years of age and fully competent or have parent permission as indicated below.
- D. I execute this Release for full adequate and complete consideration fully intending to be bound by the same.

Name of Participant (please print): _____

Date: _____

Participant Signature: _____

Parent Signature (if participant is under 18): _____

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