Sport Clubs Visitor Waiver

Event: _____ Hosting USF Club(s): _____

Date: _____ Location: _____

In consideration of being permitted to participate in any way in the Sport Clubs Program Event listed above, I do hereby release, waive and discharge the State of Florida, University of South Florida Board of Trustees, its officers, employees, agents and members, as well as this sport club, the Sport Club Program and Campus Recreation, and members of the aforementioned, from any and all actions, damages, claims or demands which I, my heirs, personal representatives, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries, accidents or illnesses (including death), known or unknown, which I have or may incur by participation with this sport club and for all damages and loss to my property.

I understand that my participation in this event is voluntary and that this event carries with it certain dangers and risks, including but not limited to: forceful contact with people, playing surfaces, and equipment, overexertion, poor judgment, emotional strain, fatigue/exhaustion, poor weather conditions, motor vehicle crash, and equipment failure which could ultimately result in injury, permanent disability, or death. I realize that I am responsible for any injuries to persons or property which may be incurred in connection with my participation with this sport club.

I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in this event. I recognize and acknowledge that the University of South Florida Board of Trustees and Campus Recreation do not carry any accident or health insurance policy for participants in this event. I also realize that sports injuries can be catastrophic for those without proper medical coverage.

I also agree to indemnify and hold harmless the State of Florida, University of South Florida Board of Trustees, its officers, employees, agents and members, as well as this sport club, the Sport Club Program and Campus Recreation, and members of the aforementioned from any and all costs, damages, liabilities and losses that they may incur due to my participation with this sport club. I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned.

I further expressly agree that the foregoing acknowledgement of risk and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned, am at least 18 years of age. I have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance.

If you are not 18 years old, please contact the Sport Clubs Office (813-974-6323) for a Minor Waiver Form.

Name of Visiting Club/Organization: _____

Participant Name *(Please Print Legibly):*	**Participant Signature:**
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