



RELEASE/INDEMNITY AGREEMENT

DATES OF EVENT _____

TYPE OF EVENT _____

In consideration of the permission granted by the Board of Trustees for and on behalf of the University of South Florida, Tampa, Florida, to participate in the above stated event, I do hereby release the State of Florida, University of South Florida Board of Trustees, 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 I am responsible for any injuries to persons or property which may be incurred in connection with my participation in this event. I hereby agree to indemnify and save and hold harmless the State of Florida, University of South Florida Board of Trustees, and the Sponsors of the event, 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 participation in this event.

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 and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law 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, am at least 18 years of age. I have read this Release and Waiver of Liability and Indemnity Agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I, _____, of
(name of participant)

_____, City of _____,
(street address)

County of _____, State of Florida, have executed this Agreement

on _____, 200__.

Witness

Printed Name (participant)

Signature (participant)

Date

ReleaseIndemnityAgreement