

RELEASE OF LIABILITY BY STUDENT FOR ACADEMIC STUDY OR TRAVEL

Name of College or Course _____ Date _____

In consideration of the permission granted by the Board of Trustees for and on behalf of the University of South Florida (USF), Tampa, Florida, to enroll and participate in the above stated course or course of study and related travel and transportation provided by USF , I do hereby release the State of Florida, University of South Florida Board of Trustees, the University of South Florida, 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 there are inherent dangers and risks involved in the class room assignments and off campus activity and travel required by this course and/or the clinical study or the classroom setting within this course or course of study and I hereby agree to hold harmless the State of Florida, University of South Florida Board of Trustees, the University of South Florida, and the faculty or staff supervising the course or course of study, 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 enrollment or participation in this course or course of study.

I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned and understand that the violation of said policies, rules or regulations may result in immediate dismissal from the course, program or activity.

I expressly agree that the foregoing Release and Waiver of Liability 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 have read this Release and Waiver of Liability Agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

I, the undersigned, am at least 18 years of age. I have read this Acknowledgement of Release of Liability by Student for Academic Study or Travel and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance. **If the participant is younger than 18 years of age, then his/her parent or legal guardian must also sign where indicated below.**

Printed Name

Signature

Date

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this release.

**Signature of Parent or Legal Guardian
(If participant is younger than 18)**

Date

Printed Name of Parent or Legal Guardian