

General Release and Waiver of Liability

FSU Department or Entity Events/Activities

IMPORTANT: This is a legal document that waives certain legal rights and remedies. Please read this document carefully before signing.

Participant Information

Participant Full Name: _____

FSU ID (if applicable): _____

Activity Name: _____

Department/Entity Hosting Activity: _____

Activity Date(s): _____

Location(s): _____

Voluntary Participation and Assumption of Risk

On my own behalf, or as the parent or legal guardian of a minor participant, I acknowledge that participation in the above-referenced activity ("Activity") is voluntary.

I understand the nature of the Activity and acknowledge that participation may involve certain risks. I knowingly and voluntarily assume all risks associated with participation.

Examples of Activity Components

This Activity may include, but is not limited to:

- Transportation to, from, and/or during the Activity
- Physical activities (for example: running, hiking, swimming, water sports)
- Physical exertion such as lifting or moving heavy objects
- Use of specialized equipment
- Extended outdoor exposure to weather conditions (sun, wind, rain, etc.)
- Consumption of food and/or beverages

Potential Risks

Risks associated with participation may include, but are not limited to:

- Personal injury, including bodily harm, permanent disability, dismemberment, or death
- Exposure to venomous animals or poisonous plants
- Weather-related hazards
- Equipment malfunction or misuse
- Damage to or loss of personal property
- Illness or adverse reactions related to food or beverage consumption

I understand that this list is not exhaustive and that other risks may exist.

Release and Hold Harmless Agreement

In consideration for being allowed to participate in this Activity, I, on behalf of myself or the minor participant, hereby release and forever discharge:

- The Florida Board of Governors
- The Florida State University
- The Board of Trustees of The Florida State University
- Their respective employees, agents, and successors

(collectively referred to as the “Releasees”)

from any and all claims, demands, causes of action, damages, losses, or liabilities arising out of or related to participation in the Activity, including claims for attorney’s fees.

Insurance Acknowledgment

I understand that The Florida State University does not provide medical or liability insurance coverage for participants in this Activity.

I acknowledge that I am responsible for reviewing my own (or the participant’s) medical insurance coverage and obtaining additional coverage, including trip insurance if applicable, should I choose to do so.

I release and hold harmless the Releasees from any liability for medical care provided in connection with participation in the Activity.

Acknowledgment and Signature

I certify that:

- I have read this document in its entirety.
- I understand its contents.
- I am signing it voluntarily and of my own free will.

Participant Signature (if 18 years of age or older)

Printed Name: _____

Signature: _____

Date (MM/DD/YYYY): _____

Parent or Legal Guardian (Required if Participant is Under 18)

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date (MM/DD/YYYY): _____