



Sport Club Acknowledgement of Risk and Waiver of Liability (Minor)

****Only for Minors (those under 18)****

In consideration of being permitted to participate in, and travel with, any way in the Sport Clubs Program, I do hereby release, waive and discharge the State of Florida, University of South Florida Board of Trustees, its officers, employees, agents and members, and the event sponsor, the Sport Clubs Program and Campus Recreation, 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 in the above stated event 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: overexertion, poor judgment, emotional strain, 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 in this event.

I also agree to indemnify and hold harmless the State of Florida, University of South Florida Board of Trustees, the event sponsor, agents, employees, the Sport Clubs Program and Campus Recreation, as well as the, and members of the aforementioned from any and all costs, damages, liabilities and losses 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 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, parent or guardian of the minor child, 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.

IN WITNESS WHEREOF, I _____, parent of _____,
(name of parent/guardian) (name of minor)
residing at _____
(street address)
in the City of _____, in the County of _____, in the State of _____,
have executed this Agreement on _____, 20_____.

Signature (parent/guardian) Printed Name (parent/guardian) Date

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\_\_\_\_\_  
**Club Name**

\_\_\_\_\_  
**Minor's Email (Print Legibly!)**

\_\_\_\_\_  
*Additional Clubs (if applicable)*

\_\_\_\_\_  
**U Number (only if affiliated with USF)**

\_\_\_\_\_  
*Additional Clubs (if applicable)*

**Please circle your affiliation with USF:**  
Student      Non-USF