

**Visiting Team Waiver  
(Additional Signature Space on Reverse)**

School/Team \_\_\_\_\_ Sport \_\_\_\_\_

President/Captain \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Completion of this form is required by **ALL** Sport Clubs participants and guests. It is strongly recommended that participants purchase insurance that covers accidents which may occur during Sport Clubs activities.

In consideration for the benefits to be derived from my participation with **group name**, I hereby acknowledge the following: (1) I am aware that all **name activity** involve risk, and that some are violent contact sports; (2) I am aware that playing or practicing in any **name activity** will be a dangerous activity involving MANY RISKS OF INJURY; and (3) I UNDERSTAND THAT THE DANGERS AND RISKS OF PLAYING OR PRACTICING MY SPORT INCLUDE, BUT ARE NOT LIMITED TO DEATH, SERIOUS NECK AND SPINAL INJURIES, WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL INTERNAL ORGANS, BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF THE MUSCULAR SKELETAL SYSTEM AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH, AND WELL-BEING. I further understand and acknowledge that the dangers and risks of playing or practicing my sport may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the danger of participating in **name activity**, I acknowledge and understand the importance of following rules and regulations established by the **groups governing body**. I hereby agree to obey such rules, regulations, and instructions. I further acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in my sport.

I RECOGNIZE AND ACKNOWLEDGE THAT THE **GROUP PROVIDING THE WAIVER DOES NOT CARRY ANY TYPE OF ACCIDENT OR HEALTH INSURANCE POLICY ON THE PARTICIPANTS IN GROUP NAME ACTIVITIES**. I ALSO REALIZE THAT SPORTS INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE.

I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY PLAYING OR PRACTICING IN MY SPORT AND RELEASE THE UNIVERSITY OF FLORIDA, THE **GROUP NAME** CLUB AND THEIR RESPECTIVE EMPLOYEES, AGENT REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CLAIMS, DEMANDS, COSTS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, OR DEMANDS OF ANY KIND OR NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH MY PARTICIPATION IN ANY ACTIVITIES RELATED TO **GROUP NAME**. I understand that the terms hereof serve as a release and assumption of risk for me as well as my heirs, estates, executors, administrators, and assignees.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am fully competent and at least eighteen (18) years of age.

▶ I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

