

ASSUMPTION OF RISK, INDEMNITY, WAIVER and RELEASE OF
LIABILITY FOR PARTICIPATION in FLORIDA POLYTECHNIC UNIVERSITY
ACTIVITIES

THIS AFFECTS YOUR LEGAL RIGHTS.
PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Participant Taylor Daniel J **UID#** U0000012423
Last First MI

Parent/Guardian (if under 18): _____
Last First MI

Address: _____ Apt. _____

City & State: _____ Zip _____

Telephone: Home: _____ Work: _____ Cell: _____

Emergency contact if parent or guardian listed above is unavailable: _____ **Telephone:** _____

I, or as parent or guardian of the above-named individual, intend for myself/him/her to participate in the SunTrax Trip on 10/10/24, ("Activity").

Risks. I understand that the Activity may be conducted on or off-campus. If the Activity is off-campus, I am responsible for providing my own transportation or participating in University-sponsored transportation to and from different sites. I am aware of and assume all risks associated with participating in the Activity.

Medical Condition. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in the Activity. I understand that I am encouraged to receive a physical examination from a physician prior to participation. I agree to promptly report any medical problems or symptoms to a University representative. I acknowledge that the University and its representatives may prohibit or restrict my participation in the Activity.

Protective Equipment. Because of the potential dangers of participating in the Activity, I recognize the importance of wearing appropriate protective equipment, following instructions, and adhering to all rules applicable to the Activity.

Insurance. I acknowledge that the University does not carry any type of accident or health insurance policy that covers my participation in the Activity. I understand that I am encouraged to purchase personal comprehensive accident/health insurance. If I am injured while participating in the Activity, I am responsible for all financial obligations incurred and any treatment necessitated by injury.

Compliance with Laws, Rules, Regulations, and Policies. I acknowledge and agree that I must observe all state and local laws and University rules, regulations, and policies, including those concerning alcohol/drug use and student conduct. I agree to participate in the Activity in a safe manner and follow all rules of the Activity. I agree to follow the instructions of the University and its representatives on proper technique, training, and equipment use.

Permission to Record and Use Name, Likeness, and Image. In exchange for the University allowing me to participate in the Activity, I give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose that the University and its employees deem appropriate. All such recordings are the University's property.

Medical Care and Emergency Contact. I acknowledge and agree that there will not be medical personnel available at the location of the Activity. I further acknowledge and agree that the University and its representatives are granted permission to authorize emergency medical treatment on my behalf. In the event of an emergency, I authorize the University and its representatives to contact the person I have listed above as my emergency contact.

ASSUMPTION OF RISK, INDEMNITY, WAIVER and RELEASE OF LIABILITY. I hereby recognize and assume all the risks associated with playing or practicing in the Activity and release and agree to the indemnify of the State of Florida, Florida Polytechnic University and their respective Trustees, employees, officers, representatives, agents, and volunteers, and I hold them free and harmless of and from all actions, liabilities, causes of action, claims, damages and costs arising from and accruing to me on account of death or any and all accident or injury to me, either directly or indirectly sustained by me as a consequence of my travel to or from, or my participation in the Activity. The terms hereof serve as a release and assumption of risk, indemnification and hold harmless for myself, my heirs, estate, executor, personal representative, administrator, assignees, and for all members of my family.

I have read this waiver, understand that I am giving up substantial rights by signing it and voluntarily agree to be bound by it.

If participant is under 18 years of age: I certify that I am the parent or legal guardian of the above participant, that I have read this agreement and agree to its terms.

Signature of Participant or Legal Guardian	<i>Daniel Taylor</i>
Florida Poly ID Number	U0000012423
Date	9/25/2024