GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT
ORDWAY – SWISHER BIOLOGICAL STATION

In consideration of my Child’s participation in an educational visit to the Ordway-Swisher Biological Station on the campus of the University of Florida on _____/_____/_____, (the “Activity”), I hereby expressly give consent for my Child to participate in the Activity and agree as follows:

I, ___________________________, enter into this agreement individually and on behalf of ____________________________________ [insert name of child] (the “Child”), my son or daughter, who is not eighteen (18) years of age. For myself and my Child, and our respective estates, heirs, administrators, executors, and assigns, I hereby release, discharge and hold harmless the State of Florida, the Florida Board of Governors, , the University of Florida Board of Trustees and their officers, directors, employees, representatives, agents, and volunteers (collectively, the “Releasees”), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I or my Child, or our respective estates, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my Child’s participation in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.

I fully understand that there are potential risks and hazards associated with the Activity, including, but not limited to, possible injury or loss of life. I further understand that this is undeveloped property upon which dangerous animals may be present and I or my Child may be interacting with, or coming into contact with, persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Activity, I, individually and on my Child’s behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the Activity and that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I further agree to defend, indemnify, and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any negligent or deliberate act or omission by my Child during his or her participation in the Activity.

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 at least eighteen (18) years of age and fully competent, and the legal parent or guardian of my Child. I hereby agree that this agreement shall be construed in accordance with the local law of the state of Florida, without respect to the conflict of law rules of Florida or any other jurisdiction.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD TO BE BOUND BY IT.

PARENT’S NAME (PRINTED) ____________________________

SIGNATURE ____________________________

DATE ____________________________

WITNESS (PRINTED) ____________________________

WITNESS SIGNATURE ____________________________

DATE ____________________________