



Portable Teambuilding Adventure Experience  
Acknowledgement of Risk and Release  
Parent/Guardian Form

### No Medical Insurance

I understand USF carries no medical insurance for the protection of participants in the Activities, and any insurance coverage existing for the protection of participants in the Activities, participants are encouraged to carry their own personal medical coverage. Any insurance coverage existing with respect to USF shall not alter the terms of this waiver nor impose any liability on USF.

### Publicity Release

I hereby grant USF the right to use, for promotional purposes, any videos, photographs, and recordings taken by staff or participants of my dependent during participation of recreational activities.

### Acknowledgement of Effect of Release

I understand and acknowledge that by signing this release I have agreed not to assert legal claims, which I might otherwise possibly assert against USF, based on my Dependent's participation in the Activities. I also understand and acknowledge that by signing this release I assume full responsibility and legal liability for the claims or other legal demands, including litigation costs, which may be asserted by spectator or other third parties against me as a result of my Dependent's participation in the Activities. I further agree that the this acknowledgement of risk and release 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 balances shall, notwithstanding, continue in full legal force and effect.

**I, THE UNDERSIGNED, AM AT LEAST 18 YEARS OF AGE. I HAVE READ THIS ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. I ACKNOWLEDGE THAT I AM SIGNING FREELY AND VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

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Signature

Printed Name

Date

Minor Form

### Representation of Physical Condition

The Activities often require vigorous exertion or effort. It is your responsibility as parent or guardian to determine if your Dependent is fit and in good enough health to participate in the Activities. USF cannot provide medical advice to you or your Dependent. If you are in doubt seek out the advice of your doctor. We will be glad to discuss the Activities with your doctor if necessary. If there is anything else you would like us to know in order to attend to your child better should an emergency arise, please let us know (examples: allergy to bees, diabetic).

