



UCF Athletics Association Inc., Sports Medicine
Release of Liability and Assumption of Risk



Participation Semester & Year _____

I understand that participation in sports requires a personal acceptance of risk of injury. I understand that participation with Intercollegiate Athletics Teams at the University of Central Florida and with the UCF Athletics Association may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand and agree that I shall not hold the University of Central Florida or the UCF Athletics Association responsible for any injuries or conditions that may be caused by the acts or omissions of other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques, when such procedures or techniques may be made known to me by the coaching staff, athletic training staff, or by the strength and condition personnel, or are otherwise known to me from another source, including but not limited to medical personnel of the university, or are otherwise unknown to me.

I acknowledge that my participation with intercollegiate athletics teams at the University of Central Florida and with the UCF Athletics Association is purely voluntary and is in no way mandated by the University or the Athletics Association. I further acknowledge that the University as well as the UCF Athletics Association does not carry any medical insurance that would cover any medical bills for injuries or illnesses I may suffer resulting from my participation. Consequently, I agree that I will be fully responsible to pay any such bills.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating with intercollegiate athletics teams. I acknowledge the fact that these risks exist and I am willing to assume responsibility for **any and all** such risks while participating with intercollegiate athletics teams at the University of Central Florida with the UCF Athletics Association. I also agree to the following:

- A. *I read and understand that this waiver will be valid only for the date(s) stated above.*
- B. *I voluntarily assume all risks associated with my participation with intercollegiate athletics at the University of Central Florida and with the UCF Athletics Association.*
- C. *I understand and agree that I must refrain from participation if I am injured or ill, whether or not receiving medical care. When under medical care I understand that further participation is totally my responsibility even if it involves further harm/injury/illness.*
- D. *I understand and agree that if I experience an injury/illness while participating with a UCF intercollegiate athletics team that a Certified Athletic Trainer in charge of that sport may evaluate me and give me medical advice that I may or may not agree with and/or may or may not follow.*
- E. *I understand and agree that I must wear the proper equipment as dictated by the applicable rules of the sport.*

Participant's Initials _____

UNDERSTANDING & RELEASE

I knowingly and voluntarily release and forever discharge the UCF Athletics Association, Inc., University of Central Florida, the University of Central Florida Board of Trustees, the State of Florida, the Florida Board of Governors and their respective officers, directors, agents, employees, servants, volunteers (COLLECTIVELY THE "RELEASEES"), from any and all claims, liabilities, demands, costs, or causes of actions for any injury, death, damage or loss caused, INCLUDING ANY CLAIMS OF NEGLIGENCE AGAINST ANY OF THE RELEASEES, DIRECTLY OR INDIRECTLY, or from all claims, liabilities, demands, costs or causes of action in any way arising from my participation with intercollegiate athletic teams at the University of Central Florida, INCLUDING ANY CLAIMS OF NEGLIGENCE AGAINST ANY OF THE RELEASEES. I intend this release to be one that is full, complete, and encompassing any and all causes of actions, claims, or defenses that I may have at law or equity relating to my participation with the University of Central Florida intercollegiate teams.

Participant Print Name

Participant Signature

Participant Sport

Date

Head Coach Signature

Date

Strength and Conditioning Coach Signature

Date

_____ Witness/Reviewers Signature	_____ Witness/Reviewer Print Name	_____ Date
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