

ACKNOWLEDGEMENT, INDEMNITY, WAIVER and RELEASSE OF LIABILITY
UNIVERSITY OF NORTH FLORIDA THIRD PARTY ACTIVITY

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

In consideration of the agreement of The University of North Florida Board of Trustees ("University"), a public body corporate, to permit _____ ("Sponsor/Organizer/Operator") a _____ organized and existing under the laws of the State of _____, and authorized to do business in the State of Florida, whose notice address is _____ to hold an "Activity", more particularly described in the letter attached hereto, on University property scheduled to take place on _____, 20____, Sponsor/Organizer/Operator hereby agrees and/or acknowledges as follows:

1. Sponsor/Organizer/Operator, their employees, agents, contractors and representatives will comply with all state and local laws and University regulations and policies, including those governing their conduct on University property as well as those governing alcohol/drug use and damage to University property.

2. Sponsor/Organizer/Operator, their employees, agents, contractors and representatives, for themselves, their spouses, families, heirs, beneficiaries, personal representatives, successors and assigns, does hereby release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that they may have or that may hereafter accrue to them, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death, or property loss that may be sustained by them, whether caused by their action or negligence or the action or negligence of the Releasees or third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm, loss, damage or injury.

3. Sponsor/Organizer/Operator acknowledges and understands that Releasees do **not** provide personal accident/health insurance for this Activity and further acknowledges and understands that they are personally responsible for any medical costs that may result from activities on University property.

4. 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 which the University and its employees deem appropriate. All such recordings shall be the University's property.

Executed by the University and the Sponsor/Organizer/Operator on the dates set forth below.

The University of North Florida
Board of Trustees

Sponsor/Organizer/Operator

Sponsor/Organizer/Operator

By: _____
Shari Shuman

By: _____

By: _____

Vice President, Administration
& Finance

Title: _____

Title: _____

Date: _____

Date: _____

Date: _____