Eastern Florida State College  
Intramural Athletic Activity  
Release of Liability, Assumption of Risk, Indemnification, and Consent Form  

PLEASE READ BEFORE SIGNING!

Completion of this form is required for participation in all Eastern Florida State College intramural athletic activities. If participant is under 18 years of age, this form must be completed by participant’s legal guardian or parent.

RELEASE
In consideration for being allowed to participate in intramural athletics at Eastern Florida State College. I, the undersigned individual(s) named below (hereinafter referred to as “Participant”), intending to be legally bound, hereby release and discharge Eastern Florida State College (including the Governing Board of Trustees members, officers, and agents, herein collectively referred to as the “College”) from any and all liability arising out of, or in connection with my participation in any and all College intramural athletic activities. For the purpose of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that Participant, their heirs, executors, administrators or assignees may have against the College because of death, personal injury or illness, or because of any loss or damage to personal property that occurs in connection with a College intramural athletic activity. This release does not extend to damage or loss arising out of intentional acts by, or from gross negligence of, the College.

PARTICIPANT HAS READ UNDERSTANDS THE ABOVE PARAGRAPH. IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN INTRAMURAL ATHLETICS AT EASTERN FLORIDA STATE COLLEGE, PARTICIPANT AGREES TO THE TERMS AS SET FORTH IN THE ABOVE PARAGRAPH. IN ADDITION, PARTICIPANT VERIFIES THAT HIS/HER PARTICIPATION IN INTRAMURAL ATHLETIC ACTIVITY IS STRICTLY VOLUNTARY AND THAT HE/SHE IS PHYSICALLY FIT FOR INTRAMURAL ATHLETIC ACTIVITY (Initials:__________________).

ASSUMPTION OF RISK
Participant understands that participation in intramural athletic activity may involve dangerous risks and hazards that could result in personal injury or even death. Participant also understands that participation in intramural activity may result in damage or loss to personal property. In either event, Participant knowingly and voluntarily assumes the risk of injury and/or loss.

PARTICIPANT HAS READ AND UNDERSTANDS THE ABOVE PARAGRAPH. IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN INTRAMURAL ATHLETICS AT EASTERN FLORIDA STATE COLLEGE, PARTICIPANT HEREBY KNOWLINGLY AND VOLUNTARILY AGREES TO THE TERMS AS SET FORTH IN THE ABOVE PARAGRAPH (Initials:__________________.)

INDEMNIFICATION
Participant further agrees to defend, hold harmless, and indemnify the College from any and all liability for claims, demands, losses, causes of action, suits or judgment of any and every kind, including costs, expenses, and attorney's fees, brought as a result from his or her participation in College intramural athletic activity (Initials:__________________).

MEDICAL AND PHOTO CONSENT
In the event of any medical emergency, illness or injury, Participant grants his or her consent to College supervisory personnel to authorize medical treatment and permission to the attending physician to authorize anesthetics, medical, dental, surgical diagnosis or treatment, as well as hospital care that may be necessary for Participant's safety and protection. Participant further grants to College the right to use Participant's photo for sale or reproduction in any manner College desires for advertising, display, audio-visual, exhibition, or editorial use (Initials:__________________).

RULES AND REQUIREMENTS
Participant agrees to abide by all College rules and regulations regarding participation in intramural athletic activity and further agrees to follow the instructions given by supervisory personnel, and grants the right to terminate participation in the activity if it is determined that his or her conduct is detrimental to the best interests of the activity, which shall be made at the College's sole discretion (Initials:__________________).

Printed Name of Participant:__________________________________________

Signature of Participant or Participant’s Parent or Legal Guardian:__________________________________________

Date of Signature:__________________________________________   B#__________________________________________