

PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY

Name of Youth Activity:

College/Department Sponsoring Event:

Event Date:

Number of Event(s): Number of Day(s):

Location:

READ CAREFULLY BEFORE SIGNING

IDENTIFICATION OF RISK

In consideration for permission for my or my child's participation in the _____, hosted by the _____ on _____, at the University of Florida/or off campus location _____, I hereby VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND HOLD HARMLESS THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, AND THEIR RESPECTIVE EMPLOYEES, AGENTS, REPRESENTATIVES, EMPLOYEES, AND VOLUNTEERS (collectively, RELEASEES) from any and all liability, arising out of any loss, damage, or injury, including death, that may be sustained by me, my child or to any property belonging to me, or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my or my child's participation in said event(s) or while in, on or upon the premises where the event(s) is being conducted, including such loss, damage, injury or death that may result from RELEASEES' own negligence, and I further WAIVE any right that I, my family, heirs, representatives, or assigns might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

I understand that I or my child will be participating in a youth event that will include _____ event(s) over _____ day(s). The events will include, but may not be limited to, _____. I understand the risks for me or my child that are associated with the youth activity.

ACKNOWLEDGMENT OF RISK

I am fully aware of the risks and hazards connected with participation in such event, and its equipment and activities, including but not limited to injuries resulting from contact with any person(s) who may come into contact with me (or my child) or from contact with other person(s)/object(s); injuries resulting from my (or my child) coming into contact with other person(s) or objects including but not limited to person(s), walls, structures, ropes, equipment, or the ground; injuries that occur from negligence or lack of adequate training; injuries or death resulting from use of the facility, event, or any equipment of host, during the engagement of any activity; injuries or death resulting from the failure of equipment or poor judgment related to the use of any equipment; injuries or death resulting from my (or my child's) physical or health conditions (whether disclosed to the Released Parties or not); personal property theft and other crime, which could result in serious or mortal illness, injuries and property damage. I acknowledge that there exists a possibility of physical injury or death in observing or participating in the event(s) and am fully aware that there may be risks and hazards unknown to me or my child connected with participating in said event(s). Because of the dangers of participating in the event(s), I acknowledge and understand the importance of following rules and regulations established by the University of Florida and the _____. I hereby agree that I or my child will obey such rules, regulations, and instructions. I hereby voluntarily elect to participate in such event(s), knowing that conditions may be hazardous or dangerous to me or my child and my property.

ACKNOWLEDGMENT OF GOOD HEALTH

I further acknowledge that I or my child am/is in good physical condition and do not know of any medical, mental or physical condition or other reason that I or my child should not participate in said event(s) or which could interfere with my safety in such event(s), or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition. The University of Florida _____ does not require my or my child's participation in said event(s). My or my child's participation in said event(s) is purely voluntary, and I elect to participate, or for my child to participate, in spite of the risks and known or unknown dangers associated with said event(s).

CONSENT TO MEDICAL TREATMENT

During the event(s), I hereby give permission for the event staff, including health care practitioners such as athletic trainers and those under their supervision, to administer appropriate medical attention, including medication, to me or my child in the event of any accident, illness, or injury. In the event of an emergency, 911 will be called and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my or my child's insurance.

INSURANCE POLICY OR COVERAGE

I understand that RELEASEES do not provide any type of insurance for participants. I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any insurance policy I feel I or my child may need while participating in said event(s). Furthermore, I recognize that it is my responsibility, and not the responsibility of RELEASEES, to understand the limits of my major medical health insurance coverage and liability coverage (if any) and to ensure that my policy provides sufficient coverage for my or my child's needs and is effective during the entire period of the event(s).

PHOTO/VIDEO CONSENT

I hereby give my permission for RELEASEES to photograph me or my child or otherwise record my or my child's image before, during and after my or my child's participation in said event(s), and to publish such image or depiction (all such photographs, videos, images, or depictions collectively referred to hereafter as the "Photographs") in any form of publication, including but not limited to print, electronic, video or Internet, with or without associating my or my child's name thereto. I further permit RELEASEES to use the Photographs, without my or my child's prior approval, for any legal purpose without payment or compensation to me or my child in any form. I agree that any intellectual property rights associated with such Photographs are the sole property of RELEASEES. I may not revoke the grants of permission and consent, covenants, understandings and agreements contained herein.

CONSENT TO LIMITED DATA COLLECTION

I hereby give permission for the University of Florida _____ to collect information from me or my child for the limited purpose of Tournament registration and participation. I understand that this information will not be shared with any third-party, unless otherwise required by any third-party platform provider for participation. For additional information on the University's privacy policies, please visit <https://privacy.ufl.edu/privacy-policies-and-procedures/onlineinternet-privacy-statement/>.

WAIVER OF LIABILITY

I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY OR MY CHILD'S PARTICIPATION IN THE EVENT(S) AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND HOLD HARMLESS RELEASEES FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CLAIMS, AND EXPENSES, INCLUDING ATTORNEY'S FEES OR DEMANDS OF ANY KIND OR NATURE, WHICH MAY ARISE IN CONNECTION WITH MY OR MY CHILD'S PARTICIPATION IN ANY ACTIVITY RELATED TO THE EVENT(S) AND RESULTING IN ANY ACCIDENTS, INJURIES, DAMAGES, OR PROPERTY LOSSES ARISING THERE FROM, HOWEVER CAUSED, INCLUDING THE NEGLIGENCE OF ANY PARTY, INCLUDING THE RELEASEES, WHETHER PASSIVE OR ACTIVE. By signing this Waiver, I hereby assume FULL RESPONSIBILITY for any risk of bodily injury, death, damages, or property losses due to the negligence of the RELEASEES or otherwise in connection with or related to my or my child's participation in the event(s), and agree that the RELEASEES may NOT be held liable or responsible in ANY way to me or my child as the participant, or my family, heirs, representatives, or assigns.

RELEASE AND ASSUMPTION OF RISK

I understand that the terms and conditions contained within this PARTICIPATION CONSENT, RELEASE AND WAIVER OF LIABILITY AGREEMENT (WAIVER) serve as a release and assumption of risk for me or my child as well as my heirs, estates, executors, administrators and assignees. I hereby acknowledge and agree that it is my obligation to make any necessary inquiries regarding possible risks and hazards from my or my child's participation, and regarding my ability, physically or otherwise, to safely participate in the event(s).

In signing this WAIVER I ACKNOWLEDGE and REPRESENT that:

(1) I have read the foregoing WAIVER, understand it and sign it voluntarily as my own free act and deed; (2) I am at least eighteen (18) years of age and fully competent; or have the signature of a parent or guardian below; (3) I execute this WAIVER for full, adequate and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representative and estate; (4) I agree that this WAIVER is to be construed under the laws of the State of Florida, U.S.A. and that venue shall be in Alachua County, Florida. By signing this WAIVER, I expressly agree that the foregoing is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the remainder of the WAIVER shall continue in full legal force and effect.

I HAVE READ THIS, AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WAIVER HAVE BEEN MADE, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY

SIGNING IT, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Participant Signature

Date

Participant Printed Name

PARENT OR GUARDIAN:

Printed Participant Name: _____

Printed Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Date: _____

2024 SECME National Student Competition - Youth Participation

SECME Coordinator/Teacher's Name: _____

Youth Participant Information

Name: _____ Birthdate: ____/____/____
Age: _____ Male or Female: _____ School: _____
Home Address: _____
City, ST, Zip: _____

Parent Information

(a) Name: _____ Primary Number: _____
Email: _____
(b) Name: _____ Primary Number: _____
Email: _____

Emergency Contact Information

Name: _____ Relationship to Youth: _____
Primary Number: _____

Emergency Contact Information

Name: _____ Relationship to Youth: _____
Primary Number: _____

Emergency Contact Information

Name: _____ Relationship to Youth: _____
Primary Number: _____

Authorized Adult(s) to pick up youth (in addition to parents listed above):

Name	Relationship	Number

**State ID must be presented at time of pick-up*

2024 SECME National Student Competition - Youth Participation

SECME Coordinator/Teacher's Name: _____

Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No	Conditions	Yes	No
1) Asthma			12) Wear Contact Lenses		
2) Bronchitis			13) Penicillin Allergy		
3) Convulsions			14) Aspirin Allergy		
4) Diabetes			15) Tetanus Allergy		
5) Ear Infection			16) Other Drug Allergies		
6) Fainting			17) Food Allergies		
7) Heart Condition			18) Serious Ivy, Oak, or Sumac		
8) Headaches			19) Sunscreen Allergies		
9) Hypoglycemia			20) Other Allergies		
10) Serious Insect Stings			21) Other Health Conditions		
11) Wear Glasses					

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? Yes No

If yes, mark which is used: Inhaler EpiPen

Special Requests: If the participant requires accommodations for special needs to participate during the youth activity, please provide information about the special needs

Name of Doctor: _____

Doctor's Office Phone: _____

Health Insurance Company: _____

Policy #: _____

Name of Insured: _____

Relationship to Participant: _____

2024 SECME National Student Competition - Youth Participation

SECME Coordinator/Teacher's Name: _____

Code of Conduct:

As a participant in a youth activity hosted, operated, conducted, sponsored, or organized by the University of Florida, a DSO, or an Affiliate Entity I must obey university policies and regulations. Abide county, and state laws. Follow any special rules for the youth activity or event.

- (1) Speak and act in a responsible, courteous, and respectful way. Harassment, threats, or bullying of any type is prohibited.
- (2) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (3) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a youth function must be reported to the adult in charge and must not be accessible to other participants.
- (4) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (5) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (6) Participate fully in youth functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (7) Dress appropriately for each activity or event.
- (8) Use of any mobile electronic device during a scheduled youth or activity or event is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (9) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers, and vehicles, are subject to search and seizure by UF personnel, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement)
- (10) The failure to adhere to the Code may result in a dismissal from the youth activity or event.

Youth or Adult Agreement: Yes, I understand and agree to the Code of Conduct.

Parent/Guardian Agreement: Yes, I understand and agree to the Code of Conduct.

Parent/Guardian Signature: _____ **Date:** _____