INTRAMURAL SPORTS

AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY

I hereby state that I am physically and mentally capable of safe participation in Seminole State College’s Intramural Sports program. I have been advised that participating in Intramural Sports involves risk of personal injury, property damage and other risks associated with the activity, including, but not limited to, physical exertion in conditioning, practice and games, transportation to and from off campus sites, and physical contact with other club participants or opponents. I freely agree to assume and take full responsibility for any such risk of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in the activity, whether caused by the negligence of the College or otherwise.

I acknowledge that as a participant in these activities I am bound by all College rules and regulations regarding student rights and responsibilities, which are available to me at the College website, or can be obtained through the Athletic Department.

RELEASE OF LIABILITY

This is a legally binding release executed by the participant to the District Board of Trustees of Seminole State College of Florida

IN CONSIDERATION OF Seminole State College making the activity available and me being permitted to participate in the activity, I hereby agree to release, indemnify, hold harmless and forever discharge Seminole State College of Florida, its trustees, officers, employees and agents, from any and all claims and causes of action which might be brought by me, my family, heirs, and personal representative(s) on my behalf for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted during the period of my participation in the activity. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the College (or its trustees, officers, employees and agents), including, but not limited to negligence, mistake or failure to supervise by the College.

This Release shall be governed by and construed in accordance with the laws of the State of Florida.

In signing this release, I acknowledge that I have read and understand it, agree to be bound by it, and have signed it voluntarily.

____________________________________________________________________________________
Print Name                                        Phone #                       E-mail
________________________________________________________________________ ____________
Signature                                        Seminole State ID #                          Date
____________________________________________________________________________________
Parent Signature (required if participant is under the age of 18)                  Date