

Date Received _____
Received by _____

Florida Institute of Technology Waiver and Release from Liability Form

I, _____ HEREBY WAIVE AND REALEASE, indemnify, hold harmless and forever discharge Florida Institute of Technology and its agents, employees, officers, and agents, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by or on the premises of, or for the benefit of the Florida Institute of Technology.

I understand that the activities that I will participate in are inherently dangerous and may cause harm or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself or my heirs, assigns and next of kin, I waive all claims for damages, injuries or death sustained by me or my property that I may have against the aforementioned released party to such activity.

By this waiver I assume any risk, and take full responsibility and waive any claims of personal injury or death or damage to personal property associated with the Florida Institute of Technology associated with my involvement in any club or organization affiliated with the aforementioned released party.

By my signature on this document I assume all responsibility for and personal injury, death, or damaged property that may occur while I am participating in any activity associated with an affiliated club or organization. I sign this document on my own accord and not under any duress or threat of duress, without inducement, or harassment. I certify that I am at least 18 years of age and am legally authorized to sign this waiver on my own behalf. I also understand that by signing this waiver I relinquish any right or future right to seek damages against the Florida Institute of Technology for any harm, personal injury, death, or property damage that may occur while I am participating in authorized Florida institute of Technology activities.

Organization Participating in

Date

Printed Name

Signature

Witnessed By:

Date

Printed Name

Signature