

My signature hereby certifies that to the best of my knowledge, the responses indicated above are correct.

Signature of Coach, Parent or Legal Guardian of Camper: [Signature]

Date: 4/13/23

WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT-CONSENT TO MEDICAL TREATMENT READ BEFORE SIGNING - MUST HAVE TO PARTICIPATE IN GATOR Football CAMP

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The University Athletic Association, Inc., the University of Florida Board of Trustees, the Florida Board of Governors, the State of Florida, and any of their officers, servants, agents, or employees (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including affliction of Covid-19 or death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Event, or while in, on or upon the premises where the Event or any associated activities are being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities or that the reasonable accommodation(s) I have listed under "Americans with Disabilities" would permit participation in the camp's activities. I am fully aware of the risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damage or cost, including court costs and attorneys' fees that may accrue related to me /my child's participation in the camp. WHETHER CAUSED BY NEGLIGENCE OR RELEASEE or otherwise.

During the period of the camp, I hereby give permission for the staff of the University Athletic Association, Inc. or this camp to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury, including non-prescription medications or any medications listed herein that I/my child brings to camp in original containers with dosage instructions. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

I further hereby authorize The University Athletic Association, Inc. to use or distribute any picture or video related to camp activities that my child is depicted. I also authorize use of these materials for publication in a camp brochure, on the Floridagators.com website, or other camp promotional material. They may also be distributed to other camp members, i.e. camp picture of all campers.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN'S SIGNATURE
Name

Date Signed/Printed Parent/Guardian

Print Camper's Name

Emergency Phone Number(s)

Only fill out the insurance information if using individual insurance and not school insurance

CAMPER MUST HAVE MEDICAL INSURANCE

Insurance Company Name

Insurance Provider/Customer Service Number

Policy Number

Group Number

Name on Policy

Relationship to Camper

Subscriber Phone Number

Subscriber Date of Birth.