

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, _____, am the natural guardian of _____ ("Minor Child"), and I wish to allow Minor Child to participate in **Football Skills Improvement Camp** at **Tommy Oliver Stadium, Panama City, Florida** on or about June 6, 2026 the "Activity"). In consideration of Minor Child being permitted entry into **Tommy Oliver Stadium** and permission to engage in the Activity therein, on behalf of both myself and Minor Child, I do hereby agree and execute the following Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement.

This Release and Waiver of Liability, Assumption of the Risk, and Indemnity Agreement is by and between the Florida State University Board of Trustees, a public body corporate, for and on behalf of Florida State University and its departments, trustees, affiliates, and direct-support organizations, including all their employees, officers, agents, and insurers ("Released Parties" or "Florida State University") and below signor for the purpose of allowing the signor's minor child or ward to participate in this Florida State University event set forth below.

Participant: _____ (Hereafter
"Minor Child")

Parent/Guardian: _____

Name of Camp: Football Skills Improvement Camp ("Activity")

Location: Tommy Oliver Stadium, 351 E 13th St Panama City, FL 32401

Date(s): June 6, 2025

I, (Print Name of Parent/Guardian) _____, the undersigned,
agree as follows:

I affirm that to the best of my knowledge and belief, the Minor Child is not subject to any physical or mental infirmity or under the influence of any medication or other substance which might hinder the Minor Child's safe participation in the Activity;

I and Minor Child will abide by all safety regulations and take reasonable precautions to minimize risks of injury or damage arising from participation in the Activity. I give my consent for the Minor Child to participate in all aspects of the Activity, and I knowingly assume full responsibility for all risks of bodily injury, death, or property, both on my behalf and on behalf of Minor Child;

On both my behalf and on behalf of Minor Child, I hereby:

1. Irrevocably waive and release any and all claims and/or rights of recovery which I may have now or in the future, against The Florida State University, its Board of Trustees, a public body corporate of the State of Florida; their agents, employees, contractors, agents, assigns, volunteers, representatives, successors, and direct support organizations (and their agents, employees, contractors, assigns, representatives, and successors) (collectively, the "Released Parties") for any liability for any injury, damages, costs, debts, or expenses of any kind, whether for claims of negligence, tort, contract, or otherwise, including but not limited to attorney's fees, claims related to any accident, injury, loss, damage, accident, delay, insurance claims, medical costs, or any other expense, damage, liability, or loss arising from or relating to the Activity, or arising from or relating to any act or omission of any the Released Parties or any other firm, agency, company or individual engaged in or assisting with the Activity;

2. Except for the gross negligence or intentional misconduct of Florida State University, I and the Minor Child waive all rights of recovery, which I or the Minor Child may have now or in the future, whether known or unknown, against the Released Parties, and I and the Minor Child release, acquit, indemnify, and forever discharge the Released Parties from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demand, causes of action, money damages, costs, loss of services or use, compensation, and debts that result from or are in any way connected with the Minor Child's participation in the Event or any related activities;
3. I agree to indemnify, defend and hold harmless the Released Parties for any claims, damages, disputes, suits, judgments, causes of action, losses, costs, and/or expenses (including, without limitation, attorneys' fees and costs) arising out of or relating to any of my acts or omissions relating to the Activity;
4. I understand that Florida State University has no obligation to obtain, provide, or pay for medical treatment for any participant in the Activity. Should FSU in its discretion determine it necessary for the Minor Child to have emergency medical care while participating in the Event, I hereby give the Florida State University permission to use its judgment in obtaining medical care, and I give full and unrestricted permission to the medical care provider selected by Florida State University to render such medical care. I agree to indemnify and hold harmless the Released Parties from any liability or claims arising from such medical care;
5. I understand that Florida State University, at its sole option but without obligation, may procure insurance to cover all or part of any medical expenses incurred by any participant in the Activity. Accordingly, I understand and agree that any cost incurred for any medical treatment or emergency transport which may arise during my participation in the Event may not be covered by insurance and shall be my and/or the Minor Child's sole responsibility. I agree to be solely financially responsible for any costs incurred in relation to any medical treatment costs incurred due to, relating to, or arising from participation in the Activity.
6. I acknowledge that the Released Parties will not provide on my behalf any insurance for any claims arising out of or relating to the Activity (including but not limited to casualty, medical, accident, and/or liability insurance, to cover liability for death, personal injury, illness, property loss or property damage resulting from my participation in the Activity) or list me as a named insured under any insurance policy, and it is my sole responsibility to secure any necessary insurance coverage, including medical coverage; and
7. **ASSUMPTION OF RISK: I am aware that the Activity is an inherently dangerous activity involving risk of injury including, but not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain injury and/or damage, serious injury to any and all internal organs, serious injury to any and all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and other injury, illness, disfigurement, or impairment to other aspects of my body, general health, and well-being, and that any of these injuries, illnesses, or impairments may be minor, major, life-threatening, fatal, short-term, long-term, or permanent in nature. I understand that the dangers and risks of participating in the Activity may not only result in serious injury, but in**

serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I VOLUNTARILY AND FREELY, BEING FULLY AWARE OF ALL OF THESE RISKS, ASSUME ANY AND ALL RISKS ASSOCIATED WITH THE ACTIVITY.

8. Severability: If any portion of this document is held to be illegal or otherwise unenforceable, such portion shall be severed from the remainder of the document or reformed to the minimum extent necessary, and the remainder shall continue in full force and effect.
9. Venue, Choice of Law, and Construction: The venue for any dispute(s) arising out of or relating to this document shall be exclusively in the Circuit or County Court in and for Leon County, Florida, and that this document shall be construed under the laws of the State of Florida. I intend for this Assumption of Risk, Release of Claims, Indemnification, and Waiver of Liability to be construed as broadly as is permissible under the laws of the State of Florida.
10. I have all necessary legal authority to execute this document on behalf of both myself and Minor Child, and to agree to all of the terms herein on my and on Minor Child's behalf.
11. I have carefully read this agreement and I understand it. My signature below is my own free act. I intend it to be legally binding.
12. I warrant that I am not a minor and I am legally competent to sign this waiver on behalf of my minor child or ward.

I VOLUNTARILY AND OF MY OWN FREE WILL AND ACCORD AGREE, ON MY BEHALF AND ON MINOR CHILD'S BEHALF, TO BE BOUND BY THIS DOCUMENT.

IN WITNESS WHEREOF, I have read, agreed to, and executed this document this _____ day of _____, 2025.

Name:

Signature:
