



Recreation Waiver

I am aware that all fitness and sports activities involve risk, and that some fitness and sports activities are violent contact sports. I am aware that playing or practicing in any fitness and sports activities will be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or participating in fitness and sports activities include, but are not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or participating in fitness and sports activities may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the danger of participating in the above activities, I recognize the importance of following rules, regulations, policies, and instructions established by Florida Polytechnic University (the University), and agree to obey such rules, regulations, policies, and instructions.

I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in the above activities.

I RECOGNIZE AND ACKNOWLEDGE THAT THE UNIVERSITY DOES NOT PROVIDE PERSONAL ACCIDENT/HEALTH INSURANCE AND I ASSUME PERSONAL AND FINANCIAL RESPONSIBILITY FOR ANY MEDICAL CARE AND TREATMENT I MAY REQUIRE AS THE RESULT OF PARTICIPATING IN FITNESS AND SPORTS ACTIVITIES. I ALSO REALIZE THAT FITNESS AND SPORTS INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE. IT IS STRONGLY RECOMMENDED THAT PARTICIPANTS PURCHASE INSURANCE THAT COVERS ACCIDENTS WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.

Due to the contagious nature of COVID-19, I understand that the more closely I interact with others and the longer the duration of that interaction, the higher the risk of COVID-19 spread. I understand that participation in fitness and sports activities may increase my risk of exposure to COVID-19 and therefore my risk of contracting the virus. The University makes reasonable efforts to keep fitness and sports facilities clean and disinfected; however as with any facility, we cannot guarantee that you will be safe from airborne illnesses such as COVID-19, colds, or the flu while participating in fitness and sports activities.

I recognize and assume all the risks associated with playing or participating in fitness and sports activities and in consideration of the permission granted by the Florida Polytechnic University Board of Trustees to participate in such activities, release the Florida Polytechnic University Board of Trustees and their respective employees, agent representatives, and volunteers from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney’s fees, or demands of any kind of nature whatsoever which may arise or in connection with my participation in any activities related to fitness and sports activities. I understand that these terms are a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTAND IT; THAT I SIGN IT VOLUNTARILY AND FOR FULL AND ADEQUATE CONSIDERATION, FULLY INTENDING TO BE BOUND BY THE SAME; AND THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT.

Print Name

Signature

Date