

Release Form

In consideration for acceptance of my entry in the_______to be held during the **2014 Fall / 2015 Spring / Summer 2015.** I hereby release, hold harmless and indemnify the Florida Southwestern State College Board of Trustees, Lee County, the League's sponsors, and their respective officers, directors, employees and representatives (collectively referred to herein as "the Releases"), from any and all liability, claims, demands, actions, damages or causes of action which might be brought by me or my parents or dependents for loss arising from my personal or economic injury, including death, sustained during my participation in the League, whether caused by the negligence of the Releases, third parties or myself. I represent that I have adequately trained to participate in the League. I am aware of the possibility of high temperature and humidity and the possible danger this represents to a participant. I am also aware of any injuries which may be related to the League including, but not limited to, sprained ankles, knees, wrists, jammed fingers, broken bones, damaged or torn ligaments or muscles, insect bites, hypoallergenic reactions, head, neck, and back injuries or possible death.

I understand that I am giving up my right to sue the Releases, even if the Releases are negligent.

I understand that RELEASEES do not have medical personnel available during the League's events. I grant my permission for RELEASEES to authorize emergency medical treatment for me, if necessary, and that such action by RELEASEES shall be subject to the terms of this Release. I agree that RELEASEES assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment. Further, I understand that the League does not provide accident or health insurance to participants, and I assume personal and financial responsibility for any such medical care and treatment.

Further, in accordance with Section 540.08, Florida Statutes, I hereby grant consent to the Releases to use any photographs, videotapes, motion pictures, recordings, and any other record of this event that contain my name or likeness for promotional purposes including but not limited to publication, printing or display. I understand that if I am under the age of 18 that I must have the permission of my parent or legal guardian in order to participate in this event.

I understand that this Release applies to my personal representatives, heirs, assigns and myself.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS RELEASE.

Date _____/___/____/

Print Name	Signature	Emergency Contact	Contacts Phone Number
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