

Event: _

Sport Clubs Visitor Waiver

_____ Hosting USF Club(s): _____

Date:	Location:	
discharge the State of Florida, Universit the Sport Club Program and Recreation which I, my heirs, personal representat	ty of South Florida Board of Trusted & Wellness, and members of the a ives, executors, administrators or a	Clubs Program Event listed above, I do hereby release, waive and es, its officers, employees, agents and members, as well as this sport club, aforementioned, from any and all actions, damages, claims or demands assigns may have against any and all of the aforementioned for any and all own, which I have or may incur by participation with this sport club and for
forceful contact with people, playing succonditions, motor vehicle crash, and eq	urfaces, and equipment, overexertiquipment failure which could ultima	event carries with it certain dangers and risks, including but not limited to on, poor judgment, emotional strain, fatigue/exhaustion, poor weather ately result in injury, permanent disability, or death. I realize that I am I in connection with my participation with this sport club.
recognize and acknowledge that the Ur	niversity of South Florida Board of T	y condition or reason that I should not participate in this event. I Trustees and Recreation & Wellness do not carry any accident or health uries can be catastrophic for those without proper medical coverage.
members, as well as this sport club, the	e Sport Club Program and Recreation at they may incur due to my partic	y of South Florida Board of Trustees, its officers, employees, agents and on & Wellness, and members of the aforementioned from any and all ipation with this sport club. I hereby agree to abide by any policies, rules
	_	vaiver of liability is intended to be as broad and inclusive as is permitted s agreed that the balance shall, notwithstanding, continue in full legal
acknowledge that I am signing this wait	ver freely and voluntarily with full k	
<i>If you are not 18 years old, p</i> olated of Visiting Club/Organization:	lease contact the Sport Cl	ubs Office (813-974-4449) for a Minor Waiver Form.
Participant Name (Please Print Legibly):		Participant Signature: