

FIELD TRIP RELEASE/ASSUMPTION OF RISK

I, the undersigned, being of legal age, do hereby agree and promise the following for and in consideration of my participation in a field trip organized by Florida International University School of _____ from _____ through _____.
(Beginning date) (End Date)

I agree and acknowledge that my participation in the field trip scheduled to take place in _____ and its related activities is of my own free will. I acknowledge that I
(City, Country(s))
am acting neither as an employee nor agent of the State of Florida, The Florida International University Board of Trustees, The Florida Board of Governors, Florida International University or any of their respective officers, employees or agents.

I further acknowledge that in the course of the performance of any of the activities which I have voluntarily assumed to perform in connection with this field trip, I expose myself to risks, known and unknown, of property damage or loss, as well as personal injury that could be painful, permanently disfiguring or debilitating and fatal. I fully assume these risks, which include, but are not limited to the risks associated with ground travel.

I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AGREE TO RELEASE, WAIVE, DISCHARGE AND RELINQUISH AND TO HOLD HARMLESS THE STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNIVERSITY, AND THEIR RESPECTIVE OFFICERS, EMPLOYEES, AND AGENTS, FROM AND AGAINST ALL CLAIMS AND CAUSES OF ACTION WHICH MAY ARISE FROM MY PARTICIPATION IN THE PROGRAM OR ITS RELATED ACTIVITIES OR FROM PERSONAL UNRELATED ACTIVITIES WHETHER THE SAME SHOULD ARISE BY REASON OF NEGLIGENCE OF ANYONE ORGANIZING OR PARTICIPATING IN THE ACTIVITY OR OTHERWISE, AND AGREE THAT UNDER NO CIRCUMSTANCES WILL I OR ANYONE CLAIMING THROUGH ME, PROSECUTE OR PRESENT ANY CLAIMS FOR PERSONAL OR BODILY INJURY PROPERTY DAMAGE OR LOSS, OR WRONGFUL DEATH AGAINST THE STATE OF FLORIDA, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, THE FLORIDA BOARD OF GOVERNORS, FLORIDA INTERNATIONAL UNIVERSITY, OR THEIR RESPECTIVE OFFICERS, EMPLOYEES, OR AGENTS.

I, for myself and any others claiming through me, accept full responsibility for safety and expenses and assume the complete risk of any injury to myself or my property which may arise out of or in the course of my participation in this program and related activities.

WITNESS

(Signature) *(Date)*

(Print Name)

(Address)

(City, State and Zip)