RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

In consideration of participating in the	
on or about	(the "Field Trip"), hosted by the
Florida Atlantic University	[insert sponsoring organization,
college etc.], I hereby agree as follows:	
of Trustees, and their officers, directors, employee the "Releasees"), from any and all liability and resp damages, claims, or causes of action that I, my e	myself and my estate, heirs, administrators, executors, State of Florida, the Florida Atlantic University Board s, representatives, agents, and volunteers (collectively, consibility whatsoever, however caused, for any and all state, heirs, administrators, executors, or assigns may reproperty damage arising out of, connected with, or in used by the negligence of Releasees or otherwise.
related travel, including, but not limited to, possible on the Field Trip, I will be visiting locations and is under the control or supervision of the Releasees. the Field Trip, I wish to proceed, and freely accept my participation in the Field Trip and that could redamage, whether caused by the negligence of Release	isks and hazards associated with the Field Trip and its e injury or loss of life. I further understand that while interacting with persons that are not associated with or Despite the potential risks and hazards associated with a and assume all risks and hazards that may arise from esult in loss, illness, personal injury, death, or property assees or otherwise. I further agree to comply with all intic University ("University") regulations, rules and
settlement, loss, liability, damage, or costs, including	d hold harmless the Releasees from any judgment, ing court costs and attorney fees for both the trial and roximate result of any negligent or deliberate act or Field Trip.
In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.	
I HAVE READ THIS AGREEMENT, UNDERS RIGHTS BY SIGNING IT, AND VOLUNTARI	STAND THAT I AM GIVING UP SUBSTANTIAL LY AGREE TO BE BOUND BY IT.
Dated this day of	_, 200
Name of Participant	
Participant's Signature (I certify that I am 18 years of age or older)	Parent/Guardian's Signature (If Participant is under 18 years of age)