

**UNIVERSITY OF FLORIDA PARTICIPANT CONSENT,
RELEASE AND WAIVER OF LIABILITY
(ADULT FORM)**

NAME OF ACTIVITY: Eyes on Seagrass

RELEASE AND WAIVER OF CLAIMS (READ CAREFULLY BEFORE SIGNING)

In consideration for my participation in the activity described below (the "ACTIVITY"), I,

(Name)

hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Florida Board of Trustees and their respective employees, agents, representatives, officers, trustees, members and volunteers ("RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the ACTIVITY, or while in, on, or upon the premises where the ACTIVITY is being conducted. I HEREBY EXPRESSLY RECOGNIZE AND ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THE ACTIVITY. This PARTICIPATION CONSENT, RELEASE, AND WAIVER OF LIABILITY AGREEMENT ("WAIVER") applies to me, as well as my heirs, estates, executors, administrators, and assigns.

ACTIVITY INFORMATION

Mark the Participation column for all Eyes on Seagrass programs you plan to participate with.

Participation	Location	Organization
	Escambia County	UF/IFAS Extension & Florida Sea Grant
	Santa Rosa County	UF/IFAS Extension & Florida Sea Grant
	Sarasota County	Sarasota Bay Estuary Program
	Lemon Bay	Lemon Bay Conservancy
	Charlotte County	UF/IFAS Extension & Florida Sea Grant
	Lee County	Calusa Waterkeepers
	Indian River Lagoon	UF/IFAS Extension & Florida Sea Grant

Initial below if you plan to participate in an Eyes on Seagrass program NOT run by UF/IFAS Extension & Florida Sea Grant

(Initial) I understand that the ACTIVITY is NOT being conducted and/or organized by RELEASEES. RELEASEES are not affiliated with any of the companies or entities providing equipment, guidance, facilities, and/or sites which I may visit during the ACTIVITY; and I understand that there are potential risks in utilizing equipment, guidance, and/or any other facilities or sites that are not owned or controlled by RELEASEES, including but not limited to, theft of personal property or other crimes, and injuries associated with faulty or poorly maintained equipment.

I understand that the details of this ACTIVITY are as follows:

- Observing, measuring, touching, & handling submerged aquatic vegetation species in Florida
- Managing and maintaining equipment including (but not limited to) a half meter by half meter 1-inch PVC square, a 2 meter long 1-inch PVC measuring pole, a five gallon bucket up to 60 meters of rope & individual weights up to 5 pounds
- Diving up to 5 feet underwater
- Carrying up to 15 pounds in the water
- Interacting with organisms common in seagrass meadows & nearshore coastal environments, including those that can be aggressive, stinging or venomous

ACKNOWLEDGMENT OF RISK

I am fully aware of the risks and hazards connected with my participation in the ACTIVITY, and its related travel, equipment, and undertakings, including but not limited to exposure to infection and disease, transportation accidents, terrain hazards, falls from uneven surfaces and/or poor visibility, personal property theft, and other crimes. I hereby acknowledge that (a) my participation in the ACTIVITY involves and poses risks, inherent or otherwise, known and unknown, that cannot be entirely eliminated and that may jeopardize my safety, health, and well-being; (b) these risks may include minor to serious physical injury (such as serious neck and spinal injuries, serious injury to bones, muscles, joints, and other aspects of the muscular skeletal system, and serious injury or impairment to other parts of my body), mental injury, emotional injury, disability, illness, and/or death, any of which may occur before, during, or after my participation in the ACTIVITY. Notwithstanding the foregoing, and in full awareness thereof, I hereby voluntarily elect to participate in the ACTIVITY.

ACKNOWLEDGEMENT OF GOOD MENTAL AND PHYSICAL CONDITION

I acknowledge that the ACTIVITY will involve strenuous physical exertion, and I assert that I am in good mental and physical condition and capable of safely participating in the ACTIVITY. I do not know of any medical or physical condition, or other reason that I should not take part in the ACTIVITY or which could interfere with my safety in such ACTIVITY. I hereby agree to assume and bear the cost of all risks that may be created, directly or indirectly, by any condition, known or unknown, which I may have.

TRANSPORTATION

_____ I understand that it is my obligation to provide my own transportation to and from the ACTIVITY
(Initial) location. RELEASEES are not responsible for my transportation to or from the ACTIVITY location.
Additionally, I acknowledge and consent that I may travel to other areas or sites as part of the ACTIVITY, and this travel is subject to change as needed to fulfill the ACTIVITY experience.

CONSENT TO MEDICAL TREATMENT

During the ACTIVITY, I hereby give permission for the RELEASEES to administer appropriate medical attention to me in the event of an emergency, accident, illness, or injury, including any medications I bring to the ACTIVITY in original containers with dosage instructions provided to RELEASEES. In the event of an emergency, 911 will be called, and I agree to be responsible for any and all costs of medical coverage and treatment provided to me not covered by my insurance.

CONSENT TO COLLECT INFORMATION AND NOTICE OF PRIVACY POLICIES

I hereby give permission for the University of Florida to collect information from me through an online platform. I understand that this information will not be shared with any third party, unless otherwise required by the third-party platform provider for participation in the ACTIVITY. I acknowledge that additional information on the University's privacy policies can be found at <https://privacy.ufl.edu/privacy-policies-and-procedures/onlineinternet-privacy-statement/>.

INSURANCE POLICY OR COVERAGE

I understand that RELEASEES do not provide any type of insurance for persons taking part in the ACTIVITY. I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any insurance policy I feel I may need for the ACTIVITY. Furthermore, I recognize that it is my responsibility, and not the responsibility of RELEASEES, to understand the limits of my major medical health insurance coverage and liability coverage (if any) and to ensure that my policy provides sufficient coverage for my needs and is effective during the entire period of the ACTIVITY.

PHOTO/VIDEO CONSENT

I hereby give my permission for RELEASEES to photograph me or otherwise record my image before, during, and after my participation in the ACTIVITY, and to publish such image or depiction (all such photographs, videos, images, or depictions collectively referred to hereafter as the "PHOTOGRAPHS") in any form of publication, including but not limited to print, electronic, video, or Internet, with or without associating my name thereto. I further permit RELEASEES to use the PHOTOGRAPHS, without my prior approval, for any legal purpose without payment or compensation to me in any form. I agree that any intellectual property rights associated with such PHOTOGRAPHS are the sole property of RELEASEES. I may not revoke the grants of permissions, consents, covenants, understandings, and agreements contained herein.

SIGNATURE

In signing this WAIVER I acknowledge and represent that: (1) I have read the foregoing WAIVER, understand it and sign it voluntarily as my own free act and deed; (2) I am at least eighteen (18) years of age and fully competent; (3) I agree that this WAIVER is to be construed under the laws of the State of Florida, U.S.A., and that venue for any disputes arising out of the ACTIVITY and/or this WAIVER shall lie exclusively in the Circuit Court of Alachua County, Florida. By signing this WAIVER, I expressly agree that the foregoing is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the ACTIVITY is conducted and that if any portion thereof is held invalid, I agree that the remainder of the WAIVER shall continue in full legal force and effect.

I HAVE READ THIS AND AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WAIVER HAVE BEEN MADE; I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING, AND AGREE TO BE BOUND BY ALL OF THE FOREGOING TERMS AND CONDITIONS.

Signature of Participant

Date

PRINTED Participant Name