ADULT ACTIVITIES RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT FOR FLORIDA INSTITUTE OF TECHNOLOGY

I, (print name)	for myself, my heirs and personal representative
hereby assume all liabilities, ris	sks, injuries and hazards incidental to, or as a result of, participation
	(write in activity), including transportation to and from the said activity.
acknowledge the fact that this/these	program(s) may have, and/or do involve, physical contact or other conditions or factu
circumstances where physical or other	er injuries, including but not limited to concussion, may occur. I do hereby waive, relea
and agree to indemnify and hold har	rmless the Florida Institute of Technology, its officers, agents, employees, the organizer
sponsors, activity supervisors, co-sp	ponsoring organizations and participants for any claim, demand, liability, costs, sui
charges or compensation for loss or in	njury of any kind arising out of a loss or an injury, including losses or injuries arising fro
the negligence of the Florida Institute	e of Technology, its agents or employees and sponsors or activity supervisors, arising fro
my participation in the said activity.	I assume all risk of injury, liability, and loss arising from my participation or presence
said activity. I acknowledge that the	er, Release and Hold Harmless/Indemnification Agreement is in consideration of the Florida Institute of tivity sponsor permitting my participation in the activity or program at issue and in further consideration of e of Technology, not requiring self-funded liability insurance coverage on my part as a condition precedent in the activity. I, freely and voluntarily assume all risk of loss or injury arising from my participation in the te to my negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release in, the Florida Institute of Technology, or other sponsors of the activity would not have offered me, the ty because of unacceptable exposure to civil liability claims, or the expense of providing a program that is this waiver, I agree to indemnify any and all employees of the Florida Institute of Technology for any and result from any and all acts or omissions, including negligence, in whole or in part, on the part of any County I and understood this document and sign it freely and knowingly, intending that it shall be fully operative I respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss ation in that activity. YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT. Print Name THIS
am involved in this activity.	
This Waiver, Release and H	
Technology, or activity sponsor peri	mitting my participation in the activity or program at issue and in further consideration
the Florida Institute of Technology,	not requiring self-funded liability insurance coverage on my part as a condition precede
to my participation in the activity. I,	freely and voluntarily assume all risk of loss or injury arising from my participation in t
activity whether due to my negligeno	ce, or the negligence or intentional acts of others. I acknowledge that, absent this Relea
and indemnification, the Florida Ins	stitute of Technology, or other sponsors of the activity would not have offered me, the
access to the activity because of una	acceptable exposure to civil liability claims, or the expense of providing a program that
risk-free.	
By signing this waiver, I agr	ree to indemnify any and all employees of the Florida Institute of Technology for any ar
all damages which result from any an	nd all acts or omissions, including negligence, in whole or in part, on the part of any Coun
employee.	
I have read and understood	this document and sign it freely and knowingly, intending that it shall be fully operation
and effective in all respects and that	t it waives legal rights to which I might otherwise be entitled if I am hurt or suffer lo
during my participation in that activi	ity.
YOU ARE V YOU ARE AD	WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. OVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU
Signature	Print Name
Signed in the presence of the followi	ing witnesses: