

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

I, _____ for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards incidental to, or as a result of, participation in _____ (write in activity), including transportation to and from the said activity. I acknowledge the fact that this/these program(s) may have, and/or do involve, physical contact or other conditions or factual circumstances where physical or other injuries, including but not limited to concussion, may occur. I do hereby waive, release and agree to indemnify and hold harmless the Florida Institute of Technology, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the Florida Institute of Technology, its agents or employees and sponsors or activity supervisors, arising from my participation in the said activity. I assume all risk of injury, liability, and loss arising from my participation or presence at said activity. I acknowledge that the Florida Institute of Technology, will not assume any costs relating to any injury while I am involved in this activity.

This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of the Florida Institute of Technology, or activity sponsor permitting my participation in the activity or program at issue and in further consideration of the Florida Institute of Technology, not requiring self-funded liability insurance coverage on my part as a condition precedent to my participation in the activity. I, freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and indemnification, the Florida Institute of Technology, or other sponsors of the activity would not have offered me, the access to the activity because of unacceptable exposure to civil liability claims, or the expense of providing a program that is risk-free.

By signing this waiver, I agree to indemnify any and all employees of the Florida Institute of Technology for any and all damages which result from any and all acts or omissions, including negligence, in whole or in part, on the part of any County employee.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation 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.**

Signature

Print Name

SIGNED THIS ____ DAY OF _____, 20__.

Signed in the presence of the following witnesses: