



**COMPLETE LIABILITY RELEASE  
FOR FPAN PROGRAMS**

1. I am the spouse or parent/guardian of the members of my family listed below:

- |          |          |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

(individually, a “Participant,” and collectively, the “Participants”). I, on behalf of myself and the other Participants, understand that there are certain dangers, hazards, and risks inherent with participation in programs and activities such as those offered or sponsored by the University of West Florida (“UWF”), the Florida Public Archeology Network (“FPAN”), and other the educational institutions that may serve as hosts to those activities (the “Hosts”), including but not limited to risks of injury permanent disability or death, property damage and severe social or economic loss, which may result from various causes, including, but not limited to, conditions of buildings or terrain, weather conditions, conditions of equipment used, inadequate medical care, strikes, natural disasters, terrorists activities or acts of war, actions, inactions, or negligence of the Participants or others, and that the Released Parties named below and their officers, employees and agents do not assume liability for any such personal injury, property damage or other loss. In consideration of participation in the programs offered or sponsored by UWF, FPAN, and the Hosts, I \_\_\_\_\_, on behalf of myself, my spouse, and my minor children (my “Family”), do hereby hold harmless and release and forever discharge the State of Florida, the University of West Florida, the UWF Board of Trustees, the Florida Public Archeology Network, and the Host Institutions and all other sponsors and their respective officials, employees, agents and assigns (hereinafter referred to as “Released Parties”) from any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature, that may be sustained by any Participant or any property belonging to any of my Family, whether caused by the negligence or carelessness of the Participants, the Released Parties, or otherwise, during the program or event offered or sponsored by the Released Parties for FPAN Programs.

\_\_\_\_\_ **Initial**

2. I do further agree to release from liability the Released Parties from any claim by me, any Participant, my estate, my heirs or assigns, arising out of participation in the program.

\_\_\_\_\_ **Initial**

3. I certify that I am and each of the other Participants is physically fit to engage in training activities. Neither I nor any other Participant will attempt to hold any of the Released Parties responsible if I am or any other Participant is injured or have any illnesses or medical problem which occurs while I or the other Participants engage in this activity.

\_\_\_\_\_ **Initial**

**4. I HAVE READ THE FOREGOING IN ITS ENTIRETY; I UNDERSTAND THAT I AM RELEASING LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL AND CHOICE. I AGREE TO THE TERMS AND CONDITIONS HEREINABOVE SET FORTH ON BEHALF OF MYSELF, THE OTHER PARTICIPANTS, MY FAMILY, MY HEIRS, AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY COMPETENT:**

\_\_\_\_\_ **Initial**

NOTICE TO MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY AND FROM THE NEGLIGENCE OF THE RELEASED PARTIES. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

<b>Parent/Guardian Participant Signature:</b> _____		<b>Date:</b> _____
<b>Parent/Guardian Last Name:</b> _____	<b>Parent/Guardian First Name:</b> _____	<b>Parent/Guardian MI:</b> _____
<b>Parent/Guardian Address:</b> _____ <b>Number, Street, Suite</b>	<b>City</b> _____	<b>State, Zip code</b> _____
<b>Email: (optional)</b> _____	<b>Home Phone:</b> _____	<b>Work Phone:</b> _____