

**STATEMENT OF VOLUNTARY CONSENT RELEASE**  
**AND WAIVER OF LIABILITY**

IN CONSIDERATION of my participation in a field trip/activity in connection with my studies at the Florida State University, described as follows: (Description and Designation of Activity)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I, \_\_\_\_\_ understand, have actual knowledge, and appreciate that there may be risks involved with my participation in the activities described herein, including, but not limited to: (Describe transportation to and from place/site of activity, as well as expected physical activities, e.g., hiking, swimming, rafting, boating, climbing,etc.) \_\_\_\_\_

\_\_\_\_\_. I do hereby voluntarily consent to my participation in the aforementioned activity and assume the risks arising therefrom. I knowingly accept all risks and agree to relieve the Florida State University Board of Trustees including their employees, agents, representatives, assigns and successors, of any responsibility, liability, or cost for any accident or injury of any nature to me arising from my participation, including assuming any costs, including medical costs, as a result of such accident or injury in connection with the activities associated with my participation.

I waive any and all claims I may have in the future, including claims of negligence and gross negligence as a result of my participation and give up and forever release my right to file any lawsuit against the Florida State University Board of Trustees including their employees, agents, representatives, assigns and successors, involving any accident or injury to me resulting from my participation in any activity associated with this trip.

I further understand and agree that neither the Florida State University Board of Trustees provides any insurance coverage for such program and I hereby authorize medical treatment for myself, at my expense, if the need arises.

I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent Release/Waiver of Liability, I understand and acknowledge that I am relying wholly upon my own independent judgment, belief and knowledge of the circumstances involved in my participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

I am over the age of eighteen (18) years of age. If not, then I have obtained my parent/guardian's signature on this release, in addition to my own.

IN WITNESS WHEREOF, I have executed this document this \_\_\_\_\_ day of \_\_\_\_\_.

WITNESSES:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature of Participant's Parent/Guardian if under 18 years of age)