

Pasco-Hernando State College Athletic Showcase or Sports Camp

Waiver of Liability

Sport: _____

Name of Participant: _____

Birthdate: _____

For Enrollment in PHSC Athletic Showcase or Sports Camp

In consideration of being allowed to participate in any way in the Pasco-Hernando State College Athletic Showcase or Sports Camp, related events and activities, the undersigned acknowledge, appreciate, and agrees that:

1. PHSC does not carry medical accident insurance for injuries sustained by the participant in the Athletic Showcase or Sports Camp. Each parent or guardian should review their own health insurance policy for coverage.

2. I recognize and acknowledge that there are certain risks of physical injury to participants in the Athletic Showcase or Sports Camp and I agree to assume the full risk of any injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

3. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless Pasco-Hernando State College, The District Board of Trustees of Pasco-Hernando State College, and any of its Trustees, officers, servants, agents or employees (collectively PHSC) and if applicable, owners and lessors of premises used to conduct this Showcase or Camp (releasees) with respect to any and all personal injury and bodily injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise that may be sustained by my child/legal ward, while in, on or upon the premises where the Showcase or Camp activities are being conducted, and,

2. I, as parent/guardian with legal responsibility for this Showcase or Camp participant, do consent and agree to releasees as listed above all the releases for myself, my heirs, assigns, and next of kin, and agree to indemnify the releasees from any and all liabilities incidental to my minor child's involvement or participation in these programs. Consentee agrees to assume all risks and liabilities associated with the Showcase or Camper's participation in the Showcase or Camp and to hold PHSC harmless from any and all claims, causes of action, losses or damages arising from or as a result of Showcase or Camper's participation in the Showcase or Camp, except due to the negligence or wrongful act or omission of PHSC. However, PHSC's liability hereunder is subject to the extent and limitations of Section 768.28, Florida Statutes, and nothing herein shall be construed as a waiver of PHSC's sovereign immunity beyond that provided in Section 768.28, Florida Statutes.

3. I further agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my child's participation in athletic activities whether caused by negligence of releasees, or otherwise.

4. I/we, the undersigned, hereby certify that I/we, am/are the parent or legal guardian of the participant named below. I/we hereby give permission for the staff of the Showcase or Camp to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

5. PHSC may take photographs and/or videos of the participant while participating in our program. PHSC has the permission to use this media in any manner at all, in whole or part, either by themselves or in conjunction with other promotional and advertising agencies, and for other trade purposes.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any coercion or improper inducement. I have no knowledge of any physical condition that would prohibit my child from participating in the Pasco-Hernando State College Athletic Showcase or Sports Camp.

Participant's Name

Parent/Guardian's Signature

Date Signed

Insurance Carrier

Policy #

Witness Signature

Witness Name and title with PHSC