RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND EXPRESS ASSUMPTION OF RISK

Please read and be certain you understand the implications of signing.

In consideration of the risk of injury while participating in TSC _____("Event"), and as consideration for the right to participate in the Event, I hereby, for myself, my heirs, executors, or personal representatives, knowingly and voluntarily enter into this Release of Liability, Waiver of Claims and Express Assumption of Risk ("Release"), and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Event, and do hereby release and forever discharge The District Board of Trustees of Tallahassee State College ("TSC"), its affiliates, employees, agents, trustees, attorneys, volunteers, representatives, Event sponsors, predecessors, successors and assigns, for any physical or psychological injury, including, but not limited to, illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the Event.

I understand the Event may involve physical activities and I am voluntarily participating in the Event, entirely at my own risk. I am aware of the risks associated with participating in this Event, which may include, but are not limited to, physical or physiological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss, and death. I understand these injuries or outcomes may arise from my own or others' negligence, or the condition of the Event location. Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Event. I do hereby further declare myself to be physically fit and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this Event.

I affirm that I am of legal age and am freely consenting to this Release. **I have read this Release and fully understand that by signing this Release, I am giving up legal rights and/or remedies,** which may be available to me for the ordinary negligence of TSC or any of the parties listed above.

I have read this Release, understand it, and I agree to be bound by it.

_____	_____	_____
Signature of Participant	Name of Participant (Please Print)	Date

Address: _____ Phone: _____

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the Event. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Release, assent to its terms and conditions, and sign this Release of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the Event, and I hereby give my consent to participation by my dependent in the Event, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend TSC from and against all claims, demands or suits that my dependent has or may have.

I understand that I have given up substantial rights by signing this release, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____	_____	_____
Signature of Parent or Guardian	Name of Parent/Guardian (Please Print)	Date