

Every Summer Intensive participant must complete, sign, and date this form before participating in any Summer Intensive activity. Return this form to the Neta Pulvermacher at the above address when registating.

LIABILITY RELEASE

I, _____, do hereby discharge, release, waive and agree not to sue The University of Florida and their trustees, directors, officers, employees, and agents (“Releasees”) from any and all liability for injury, loss, damage, obligation, expense, or penalty, including attorneys’ fees, that I may sustain in connection with my participation in the 2012 UF Summer Intensive (The Swamp Dance Fest!). **WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES, OR OTHERWISE.**

I understand that Releasees do not have medical personnel available at The University of Florida campus and I grant Releasees permission to authorize emergency medical treatment, if necessary. I understand that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

I hereby further agree that this Release shall be construed in accordance with the laws of the State of Florida. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

In signing this Release, I acknowledge and represent that I have read the contents of the foregoing Release, that I understand it and that I sign it voluntarily as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully (or a parent or guardian must sign below) competent to sign this agreement; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**THIS IS A RELEASE AND WAIVER OF LEGAL RIGHTS
READ BEFORE SIGNING**

Participant Signature:	Parent or Guardian Signature if under 18 years of age:
Signature: _____	Signature: _____
Name (print): _____	Name (print): _____
Date: _____	Date: _____
Institution: _____	Institution: _____