GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT ORDWAY – SWISHER BIOLOGICAL STATION

	ild's participation in an educational visit to the Ordway-Swisher Biological Station on orida on/, (the "Activity"), I hereby expressly give consent for my nd agree as follows:
Ι,	, enter into this agreement individually and on behalf of [insert name of child] (the "Child"), my son or daughter, who is not eighteen
hereby release, discharge and hold he Board of Trustees and their offic "Releasees"), from any and all liabic causes of action that I or my Child, loss, illness, personal injury, death,	my Child, and our respective estates, heirs, administrators, executors, and assigns, I narmless the State of Florida, theFlorida Board of Governors, the University of Florida eers, directors, employees, representatives, agents, and volunteers (collectively, the lity and responsibility whatsoever, however caused, for any and all damages, claims, or or our respectiveestates, heirs, administrators, executors, or assigns may have for any or property damage arising out of, connected with, or in any manner pertaining to my WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
to, possible injury or loss of life. If be present and I or my Child may be under the control or supervision of individually and on my Child's beh that may arise from his or her partiproperty damage to him or her, WHI I further agree to defend, indemnidamage, or costs, including court control of the property damage.	e are potential risks and hazards associated with the Activity, including, but not limited further understand that this is undeveloped property upon which dangerous animals may be interacting with, or coming into contact with, persons that are not associated with or the Releasees. Despite the potential risks and hazards associated with the Activity, I, alf, wish for him or her to proceed, and freely accept and assume all risks and hazards acipation in the Activity and that could result in loss, illness, personal injury, death, or ETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. If y, and hold harmless the Releasees from any judgment, settlement, loss, liability, osts and attorney fees for both the trial and appellate levels, that Releasees may incur as or deliberate act or omission by my Child during his or her participation in the Activity.
and for full and adequate considerat of age and fully competent, and th	I acknowledge and represent that I have read and understand it; that I sign it voluntarily tion, fully intending to be bound by the same; and that I am at least eighteen (18) years be legal parent or guardian of my Child. I hereby agree that this agreement shall be call aw of the state of Florida, without respect to the conflict of law rules of Florida or
	ENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY RILY AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD TO BE
PARENT'S NAME (PRINTED)	
SIGNATURE	
DATE	
WITNESS (PRINTED)	
WITNESS SIGNATURE	
DATE	