

Injury Release Form/Waiver

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Email _____

In Emergency Please Contact _____ () _____
(Name) (Phone)

Special Instructions (Allergies, Personal Physician, etc.) _____

Please read the following carefully:

I, the undersigned, acknowledge that I am applying for instruction in Stage Combat and/or Stunts (hereinafter the "ACTIVITY") involving strenuous exercise and personal body contact. I understand that because of this there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, cuts, bruises, and broken bones.

In accordance with the law, Neutral Chaos LLC does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of other students or other participants in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to others, or myself and I acknowledge that it is my responsibility to act accordingly.

In particular, I understand that some students or other participants may be infected with diseases like HIV/ Aids and Hepatitis that can be transmitted by exchanges of blood or other bodily fluids and that I may be training with them. I acknowledge that I have read and will follow procedures for dealing with injuries to myself and others that present opportunities for exposure to blood of bodily fluids.

I acknowledge that Neutral Chaos, LLC, the University of Central Florida Board of Trustees, University of Central Florida and their affiliates carry no insurance against injury to any of its students or any other participants. As a condition to being admitted as a student or any other participant, I assume the risk of all injuries and do hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes Neutral Chaos, LLC, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such ACTIVITY, whether caused by RELEASEES' negligence or otherwise, or while on the premises owned or leased by RELEASEES or elsewhere. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to possible physical injury and loss of life and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said ACTIVITY (whether supervised or unsupervised). I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of or in any way related to my participation in said ACTIVITY, whether caused by RELEASEES' negligence or otherwise.

Signature

Date

