

## 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 (or the minor for whom I am legal guardian) 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: \_\_\_\_\_

(If Participant is a minor) Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT OF PARENTAL OR LEGAL GUARDIANSHIP**

I, the undersigned, declare that I am the parent of, or the legal guardian of \_\_\_\_\_, a minor, and have the capacity to execute documents on behalf of such minor. I understand that as a condition to participate at the Tourist Trap Stage Combat and Stunt Workshop, the parent or legal guardian of the minor participant must sign certain legal documents, including but not limited to Waivers, Releases, Acknowledgment of Risks, and related documents. I am signing those documents, freely, without any fraud or duress, and acknowledge that I have read and understand the same. In the event that it is determined that I am not the parent or legal guardian of the minor, or did not have the legal capacity to execute the documents on behalf of

said minor, then I agree to defend and indemnify: 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 and/or affiliated companies/entities, if any litigation is instituted, as a result of any injury or death or claim for damage arising out of, relating to, or in any way connected with, minor's participation in activities at the Tourist Trap Stage Combat and Stunt Workshop.

Dated: \_\_\_\_\_

Print Name of Adult Guardian

\_\_\_\_\_  
Signature of Adult Guardian

