## BROWARD<sup>®</sup> COLLEGE

## STUDENT LIFE/INTRAMURAL SPORT ASSUMPTION OF RISK AND GENERAL RELEASE

I, the undersigned, wish to participate in the activity/intramural sport of

This activity takes place

This activity may include, but is not limited to, direct and abrupt contact with other persons, equipment or objects. I fully understand the dangers, hazards, and risks in injury and/ or impairment to my body, general health, and well-being, including the risk of serious and/or fatal injuries that may result from my participation in this activity. I affirmatively certify that I am in good physical and mental health and that I am capable of participating in this activity/intramural sport. I have read and understand the above statement and consent to ASSUME ALL RISKS and to RELEASE, WAIVE AND FOREVER DISCHARGE, on behalf of myself, my agents, representatives, heirs, successors and assigns, Broward College, the State of Florida, the district, The District Board of Trustees, and all of their agents, representatives, employees, successors and assigns, of all liabilities, claims, actions, damages, costs or expenses, and any causes of action whatsoever, whether known or unknown, arising out of, or in any way connected with, my participation in the above mentioned activity, including injuries which may be suffered by me before, during, or after my participation in the above mentioned activity. I understand that this waiver includes any claim based on negligence, action, or inaction of the parties.

Name	Student ID	Email	Signature

## I EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.