

IMPORTANT: THIS IS A LEGAL DOCUMENT WAIVING CERTAIN LEGAL REMEDIES,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

GENERAL RELEASE AND WAIVER OF LIABILITY

For

FSU Department or Entity Events/Activities

(Participant signature or parent/guardian signature if participant is under age 18)

Participant: _____
Last First MI FSU ID# (if applicable)

On my behalf as participant or as guardian of minor participant, I state that I am voluntarily participating in Alpha Epsilon Delta's
["FSU Department/Entity's"] activity, Miles for Meals 5K
(hereafter referred to as "Activity") on November 8th, 2025 located at the Integration Statue, and
having actual knowledge and appreciation of the particulars of the activity and possible risks involved in Activity as listed
below, I assume the risks of such participation.

This Activity may involve, but is not limited to, the following types of challenging physical activities:

1. Transportation to, from, and/or during an event or activity
2. Specific physical activities: ex. running, hiking, swimming, water sports, etc.
3. Physical exertion such as lifting or moving heavy objects
4. Use of specialized equipment related to an activity or event
5. Spending extended periods of time outdoors being exposed to the elements (sun, wind, rain)
6. Consumption of food and/or beverage

Risks involved with this Activity may include, but are not limited to, the following:

1. Risk of personal injury, including but not limited to bodily harm, permanent disability, dismemberment, and/or death
2. Exposure to venomous animals and poisonous plants that may result in allergic reactions or other harm
3. Weather-related risks associated with outdoor activities such as exposure to the elements
4. Malfunction or personal misuse of equipment related to an activity or event
5. Damage to property or property loss
6. Illness or harm as a result of food and/or beverage consumption

I, as Participant or guardian of Participant, hold harmless and release and forever discharge the Florida Board of Governors, The Florida State University, the Board of Trustees of the Florida State University and their respective employees and agents and their successors[collectively "Releasees"], from any and all claims and demands whatsoever based upon any accident, illness, injury, property loss or damage or any other consequences arising or directly or indirectly resulting from my participation in this Activity, including any attorney's fees.

Furthermore, I understand that The Florida State University does not have medical or liability insurance to cover Participant in the event of injury, accident, property losses, or other such occurrence in connection with this Activity, and specifically release and hold harmless the Releases from any liability for medical care given to me or Participant arising from this Activity. It has been strongly recommended that I review what medical insurance coverage will be available to Participant during this trip and consider additional trip insurance, if needed

I have read this statement, understand what it states and have voluntarily executed it of my free will and choice.

Participant Name (print)

Date (month/day/year)

Signature (participant)

Signature (parent or guardian is participant is under 18)