

**NOVA SOUTHEASTERN UNIVERSITY
ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM
(CAMPUS AND OFF CAMPUS ACTIVITIES)**

THIS IS A RELEASE OF LEGAL RIGHTS – READ & UNDERSTAND BEFORE SIGNING

Name of Participant: _____

Address of Participant: _____

Activity: _____

Date(s): _____

THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM (the “Release”) is executed by the Participant in favor of Nova Southeastern University, Inc. (“NSU”), whose address is 3301 College Avenue, Fort Lauderdale, Florida 33314.

1. Assumption of Risks. I have chosen voluntarily to participate in an NSU-organized student event which may involve travel to and from the event (the “Activity”). For purposes of clarification, travel is included in the definition of Activity.

- I understand and agree that participation in the Activity may have inherent and varying degrees of risks not found in study at NSU, and I assume all such risks. These include, without limitation, illness, bodily injury, death, and loss or damage to personal property. I also acknowledge and accept that my participation in the Activity may result in contracting COVID-19 (and its variant forms) or other infectious disease resulting in illness or even death. I acknowledge that NSU cannot eliminate all risks nor guarantee my safety, and that the forementioned list of risks in no way limits the extent of the risks assumed.
- In connection with my participation in the Activity, I will take every precaution to protect my personal belongings from damage or theft. I acknowledge that NSU recommends that I never travel alone, particularly at night.

2. Physical Condition and Health Insurance. I hereby certify that I have no known health or other restrictions that might jeopardize my health or safety, or the health or safety of others during my participation in the Activity. I understand that NSU does not have medical personnel available at any time during the Activity. I have and will maintain valid and current hospitalization and health insurance and will carry my insurance identity card while participating in the Activity. I have determined that my insurance is adequate to cover treatment for injuries or illnesses that I may sustain while participating in the Activity. I agree to be solely responsible for payment in full of all costs of any medical care that I may receive.

3. Authorization in an Emergency. I give permission to NSU to authorize immediate and reasonable emergency care should it be necessary, including surgery, and I agree that such action by NSU shall be subject to the terms of this Release. Such permission includes NSU calling my emergency contact(s) and sharing my personal information and documents (including health information) with third parties in

furtherance of protecting my health and safety. I understand and agree that NSU assumes no liability or responsibility for any injury or damage that might arise out of or in connection with such emergency medical treatment.

4. Photo/Video Release. I agree that NSU may, to the maximum extent permitted by law, record, edit, use, reproduce, publish, and distribute through all media and transmission, my name, recorded voice, likeness from my participation in the Activity for any NSU educational, fund-raising, promotional or other purpose at any future time.

5. Release. To the maximum extent permitted by law, I agree, and on behalf of my family, heirs, personal representatives and myself, to release and hold harmless NSU and its officers, trustees, faculty, staff, representatives, employees, and agents (the "Releasees"), from any and all claims, actions, and liabilities relating to accident, illness, injury, death, loss or damage to personal property, or other consequence incurred or suffered by me, and directly or indirectly arising out of my participation in the Activity, including, without limitation, those claims, actions, and liabilities resulting from the negligent act or omission of any one or more of the Releasees or others.

7. Adherence to Standards. I understand and agree to abide by all NSU policies, rules, regulations, and instructions applicable to the Activity, and to any instructions policies, rules, and regulations of the institution or organization hosting the Activity.

8. Termination of Participation. I understand that NSU, in its sole discretion, may terminate my participation in the Activity for cause at any time. Upon any such termination, NSU shall not be required to refund any personal expenses incurred by me.

9. Activity. Cancellation and Modification. NSU reserves the right to cancel or modify the Activity before or during its operation for any reason, such as natural disasters, emergencies, low enrollment, or unavailability of facilities.

10. Governing Law. This Release will be construed and governed by Florida law, and any litigation related to this Release will be brought in Broward County, Florida.

I am age 18 or older. I have carefully read this Release, understand all of its terms, and freely sign this Release intending to be bound by it.

Participant Name

Participant Telephone Number

Participant Signature

Date

Participant N#

EMERGENCY CONTACT INFORMATION (please provide 2 contacts:

Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email: