***USF College of Pharmacy Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association 2020 Annual Dandy Walk 5K ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY***

In consideration of being permitted to participate in any way in the ***2020 Annual Dandy Walk 5K*** of ***USF College of Pharmacy Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association***, I do hereby release, waive and discharge the State of Florida, University of South Florida Board of Trustees, their representatives, its officers, employees, agents, advisors, employees, and members, and the event sponsor, ***USF College of Pharmacy Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association***, and its advisor(s), officers, and members from any and all actions, damages, claims or demands which I, my heirs, personal representatives, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries, accidents or illnesses (including death), known or unknown, which I have or may incur by participation in the above stated event and for all damages and loss to my property. I understand that my participation in this event is voluntary and that this event carries with it certain dangers and risks, including but not limited to: ***overexertion, poor judgment, emotional strain, slipping, falling, and equipment failure which could ultimately result in injury, permanent disability, or death***. I realize that I am responsible for any injuries to persons or property which may be incurred in connection with my participation in this event. I also agree to indemnify and hold harmless the State of Florida, University of South Florida Board of Trustees, their representatives, its officers, employees, agents, advisors, employees, and members, and the event sponsor, ***USF College of Pharmacy Pediatric Pharmacy Advocacy Group / National Community Pharmacists Association***, and its advisor(s), officers, and members of the aforementioned from any and all costs, damages, liabilities and losses that they may incur due to my participation in this event. I hereby agree to abide by any policies, rules and regulations adopted by the aforementioned. I further expressly agree that the foregoing acknowledgement of risk and waiver of liability is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I, the undersigned, am at least 18 years of age. I have read this Acknowledgement of Risk and Waiver of Liability and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily with full knowledge of its significance.

*Please fill out all bolded sections*

*If the participant is younger than 18 years of age, then his/her parent or legal guardian must also sign where indicated below/next page.*

**Participant Printed Name:**

**USF ID (if applicable):**

**Signature:**

**Date:**

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this release.

**Printed Name of Parent or Legal Guardian:**

**Signature of Parent or Legal Guardian (if participant is younger than 18):**

**Date:**

*Medical and Insurance Information for Participant:*

**In Case of Emergency, Contact:**

**Emergency Contact Phone #:**

**Relationship to student/member filling out form:**

**Parent/Member Health Insurance Company:**

**Parent/Member Policy Number:**

**Allergies:**

**Medications Currently On:**

**Please list any special services you may require due to an existing medical condition or physical disability:**