

UF/IFAS Nature Coast Biological Station

552 1st Street PO Box 878 Cedar Key, FL 32625 352-273-3624 www.ncbs.ifas.ufl.edu

Group:	
Teacher/Leader:	
Program Date(s): _	

Participant: I am aware that activities in which I will participate at the UF IFAS Nature Coast Biological Station (NCBS) or the Seahorse Key Marine Laboratory (SKML) entail certain dangers, including but not limited to the hazards associated with inclement weather, outdoor terrain, accidents or illness in remote places without medical facilities, the forces of nature including venomous and diseasebearing animals and toxic plants, and travel by vehicle, boats or canoes. In consideration of, and as part payment for access to the NCBS/SKML and its facilities, the undersigned for his/her spouse, legal representatives, heirs and assigns, hereby releases, waives and discharges NCBS/SKML, The University of Florida Board of Trustees and their respective trustees, officers, members, agents, employees and directors from all liability for any loss, damage or claim resulting from the undersigned activities on the premises of the NCBS/SKML, including boats and adjacent properties where field studies might be conducted. These terms hereof shall serve as release and assumption of risk for my heirs, executors, administrators, and for all members of my family. I affirm that my general health is good and that I am not under a doctor's care for any condition that will endanger my health or the health of other participants.

Consent for Use of Images:

I hereby agree that the University of Florida Board of Trustees (the "University") shall have the right to record my participation, appearance, likeness and voice on video tape, audio tape, photograph or in any other medium and I hereby unconditionally and irrevocably consent to the University's use of such materials for any legal purpose the University deems appropriate for the benefit of the University, including commercial and advertising purposes. I understand that by so agreeing and consenting, I have forever waived (i) any right to require payment from the University for use of these materials by it or those acting pursuant to its authority and (ii) the right to object to the use of such materials for any purpose permitted by this General Consent and Release, including, without limitation, the license or sale of such materials by the University and the University publishing, printing, displaying, exhibiting, distributing or otherwise publicly using any such materials for any legal purposes. I understand the foregoing consent and release grants the University the right to edit, crop, and retouch or otherwise reasonably alter such materials, at its discretion, and, at its option, to reveal my name and identity in such materials or by descriptive text or commentary. Furthermore, I understand and agree that any intellectual property rights associated with such materials are the sole property of the University.

Name of Participant (Print)	Participant's Signature
 Date	Signature of Parent or Guardian (if under 18 years of age)

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