



**COMPLETE LIABILITY RELEASE  
FOR FPAN PROGRAMS**

1. **In consideration of participation in the programs offered or sponsored by the University of West Florida, the Florida Public Archeology Network, and the Host Institutions, I \_\_\_\_\_ do hereby hold harmless and release and forever discharge the State of Florida, the University of West Florida, the UWF Board of Trustees, the Florida Public Archeology Network, and the Host Institutions and all other sponsors and their respective officials, employees, agents and assigns (hereinafter referred to as "Released Parties") from any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature, that may be sustained by me or any property belonging to me, whether caused by the negligence or carelessness of the Released Parties, or otherwise, during the program or event offered or sponsored by the Released Parties for FPAN Programs.**  
\_\_\_\_\_ Initial
2. **I do further agree to save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of participation in the program offered or sponsored by the Released Parties for FPAN Programs.**  
\_\_\_\_\_ Initial
3. I acknowledge that I am physically fit to engage in training activities. I will not hold any of the above named entities responsible if I am injured or have any illnesses or medical problem which occurs while I am in this class/workshop. \_\_\_\_\_ Initial
4. I am not taking, nor have I recently taken, any drugs or medication, either lawful or unlawful, that would contraindicate training activities. \_\_\_\_\_ Initial
5. I fully understand that any future projects I may engage in as a result of this training is undertaken on my own initiative and I assume all risk in connection with those projects. \_\_\_\_\_ Initial
6. **I HAVE READ THE FOREGOING IN ITS ENTIRETY AND HAVE BEEN GIVEN THE OPPORTUNITY TO HAVE AN ATTORNEY REVIEW THIS DOCUMENT BEFORE I SIGN; I UNDERSTAND THAT I AM RELEASING LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL AND CHOICE. I AGREE TO THE TERMS AND CONDITIONS HEREINABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY COMPETENT.**  
\_\_\_\_\_ Initial

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Address City State Zip

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_