

# UCF WELLNESS FESTIVAL

*Breathe. Connect. Grow.*  
Event Waivers and Policies

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## SECTION 1: MEDIA RELEASE AND CONSENT

By purchasing a ticket to the UCF Wellness Festival, I acknowledge and agree to the following:

### 1. Consent to Photograph and Record

I hereby grant the UCF Wellness Festival, its organizers, affiliates, representatives, employees, and agents the irrevocable right and permission to photograph, film, record, and otherwise capture my image, likeness, voice, and/or statements (collectively, "Media") during the event.

### 2. Use of Media

I authorize the UCF Wellness Festival and its organizers to use, reproduce, distribute, display, and publish such Media in any and all forms, including but not limited to: social media platforms (Instagram, TikTok, Facebook, YouTube, etc.), website and promotional materials, advertisements, press releases, future event marketing, and any other lawful purpose.

### 3. No Compensation

I understand and agree that I will not receive any compensation, royalties, or payment of any kind for the use of my image or likeness as described herein.

### 4. Waiver of Approval

I waive any right to inspect or approve the finished product, advertising copy, or other matter that may be used in connection with my image or likeness.

### 5. Release of Liability

I release, discharge, and hold harmless the UCF Wellness Festival, its organizers, officers, employees, agents, and representatives from any and all claims, demands, or causes of action arising out of or in connection with the use of my image, likeness, or voice, including but not limited to claims for invasion of privacy, defamation, or right of publicity.

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## SECTION 2: MOVEMENT ZONE — ASSUMPTION OF RISK AND WAIVER OF LIABILITY

### 1. Assumption of Risk

I acknowledge that participation in fitness classes, group exercises, and physical activities offered in the Movement Zone involves inherent risks, including but not limited to: muscle strains, sprains, fractures, or other physical injuries; overexertion, dehydration, dizziness, or fainting; aggravation of

pre-existing injuries or medical conditions; injuries caused by equipment, flooring, or the actions of other participants; and other risks inherent to physical activity.

I voluntarily assume all risks associated with participation in the Movement Zone, whether or not described above, and whether arising from the negligence of the Released Parties or otherwise.

## **2. Waiver and Release of Liability**

In consideration of being allowed to participate, I hereby release, discharge, and hold harmless the UCF Wellness Festival, its organizers, owners, officers, employees, agents, volunteers, instructors, sponsors, and the University of Central Florida (collectively, the "Released Parties") from any and all claims, demands, damages, losses, or causes of action arising out of or related to my participation in the Movement Zone, including claims arising from the negligence of the Released Parties.

## **3. Medical Acknowledgment**

I confirm that I am in good physical health and have no medical condition that would prevent safe participation in physical activity. I understand that it is my responsibility to consult a physician before participating if I have any concerns about my health or fitness level. I agree to immediately stop participation and notify event staff if I experience any pain, discomfort, or symptoms of illness during the activity.

## **4. Personal Responsibility**

I understand that I am responsible for exercising within my own limits and abilities. I agree to follow all instructions provided by event staff and fitness instructors.

## **5. Indemnification**

I agree to indemnify, defend, and hold harmless the Released Parties from any claims, suits, losses, or expenses, including attorney fees, arising from my participation in the Movement Zone or any breach of this agreement.

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# **SECTION 3: COLD PLUNGE — ASSUMPTION OF RISK, MEDICAL ADVISORY, AND WAIVER OF LIABILITY**

## **1. Nature of Activity**

The cold plunge involves voluntary submersion in cold water, typically maintained at temperatures between 35°F and 55°F (2°C–13°C). Cold water immersion carries inherent risks that I acknowledge and accept.

## **2. Medical Advisory and Contraindications**

**I understand that cold water immersion may be dangerous or medically inadvisable for individuals with the following conditions:**

- Cardiovascular disease, heart conditions, or history of heart attack or stroke
- High or low blood pressure (hypertension or hypotension)

- Circulatory disorders, including Raynaud's disease or peripheral vascular disease
- Epilepsy or seizure disorders
- Respiratory conditions, including asthma
- Diabetes or neuropathy
- Pregnancy
- Open wounds, recent surgery, or acute injuries
- Sensitivity or allergy to cold
- Any condition affecting the body's ability to regulate temperature

**I confirm that I DO NOT have any of the above conditions, OR I have consulted with a licensed medical professional who has cleared me for cold water immersion.**

### **3. Assumption of Risk**

I acknowledge that participation in the cold plunge involves inherent risks including but not limited to: cold shock response (sudden gasping, hyperventilation, panic); hypothermia; cardiac arrhythmia or cardiac arrest; loss of consciousness or drowning; slips, falls, or injuries entering or exiting the plunge; and aggravation of known or unknown medical conditions. I voluntarily assume all risks associated with participation.

### **4. Waiver and Release of Liability**

In consideration of being allowed to participate, I hereby release, discharge, and hold harmless the UCF Wellness Festival, its organizers, owners, officers, employees, agents, volunteers, sponsors, and the University of Central Florida (collectively, the "Released Parties") from any and all claims, demands, damages, losses, or causes of action arising out of or related to my participation in the cold plunge, including claims arising from the negligence of the Released Parties.

### **5. Rules and Guidelines**

I agree to follow all rules, guidelines, and instructions provided by event staff, including but not limited to: maximum submersion time limits, proper entry and exit procedures, mandatory supervision requirements, and immediate compliance with any instruction to exit the plunge.

### **6. Emergency Medical Authorization**

In the event that I am unable to give consent due to a medical emergency arising from my participation, I authorize event staff to contact emergency medical services on my behalf and consent to any emergency medical treatment deemed necessary.

### **7. Indemnification**

I agree to indemnify, defend, and hold harmless the Released Parties from any claims, suits, losses, or expenses, including attorney fees, arising from my participation in the cold plunge or any breach of this agreement.

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**By purchasing a ticket to the UCF Wellness Festival, you acknowledge that you have read, understood, and agree to all terms outlined in Sections 1, 2, and 3 above. You understand that**

**by completing your purchase, you are waiving substantial legal rights. If you are under 18, your parent or guardian is completing this purchase on your behalf and agrees to all terms above.**