

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Valdosta State University (also referred to as "Institution") allowing the undersigned to participate in these programs and activities for which or in connection with which the Institution has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs for activities, the undersigned does hereby release and forever discharge the Valdosta State University and the Board of Regents of the University System of Georgia, its member individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity. I have received a copy of this document and I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Name_____ **(Please Print)**

Date

Signature

**Signature of Parent or
Guardian if participant is
under 18 years of age**

MEDICAL RELEASE & EMERGENCY CONTACT

Participant Information – Please Print

Participant's Name: _____ Date of Birth ____/____/____

Gender: ____M____F

Home Address:

City: _____ State: _____ Zip: _____

Emergency Notification

Mother: _____ Home Phone: _____

Preferred Emergency Contact _____ Daytime Phone /Cell: _____

Father: _____ Home Phone: _____

Preferred Emergency Contact _____ Daytime Phone /Cell: _____

Legal Guardian: _____ Home Phone: _____

Preferred Emergency Contact _____ Daytime Phone /Cell: _____

Insurance Provider's Information

NOTE: PARTICIPANT MUST HAVE MEDICAL INSURANCE or sign a Medical Waiver

Provider's Name: _____ Provider's Phone No.: _____

Policy Number: _____ Insurer's Name: _____

Medical Information

Primary Care Physician: _____ Physician's Phone: _____

Special Medical Condition(s):

Drug Allergies:

Current Medications & Dosages:

Special Dietary Needs or Food Allergies:

Authorization For Medical Treatment

(The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is REQUIRED below if the participant is less than eighteen years of age.

Signature of Participant Date

Signature of Parent or Legal Guardian Date