

Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

Georgia Migrant Education Summer Programs Application

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**
☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
☐ GAMEP 9th Grade Leadership Academy at ABAC, **June 4-9, 2017**
☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

(If you are planning to apply to multiple programs, a separate application for each will need to be submitted.)

STUDENT INFORMATION:

Name: _____
First Middle Last

County: _____ Name of School: _____

Date of Birth: _____ Sex: M / F Age: _____ Grade: _____

Parent/Guardian: _____ Parent/Guardian: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent Email Address: _____

Student Email Address: _____

Parent/Guardian Telephone Number: _____
Home Work Cell

Student Telephone Number (if different): _____

Emergency Contact: _____
Name Address Telephone Number

Emergency Contact: _____
Name Address Telephone Number

List extracurricular/leadership involvement: clubs, awards, recognitions, sports, interest areas, etc:



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

Have you been a participant in one of these summer programs in prior years?

Leadership Academy at ABAC Yes__ No__
 Leadership Without Limits at UGA Yes__ No__
 Middle School Program at GSU Yes__ No__
 Middle School Program at VSU Yes__ No__

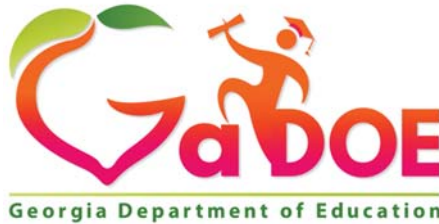
To be completed by Migrant Staff (Name of Staff_____):

COEstar Number: _____
 Priority for Service Yes__ No__
 Disciplinary Problems Yes__ No__
 Regular Attendance Yes__ No__

Documents to Complete and Upload Along with this Application:

GaDOE Summer Leadership Academy at ABAC (rising 9 th)	GaDOE Summer Leadership Academy at ABAC (rising 10 th , 11 th , 12 th)	1. Application 2. Permission Letter 3. Recommendation Form 4. ABAC Health and Consent Form 5. GaDOE ABAC Release Form for Minors
GaDOE Leadership Without Limits at UGA		1. Application 2. Permission Letter 3. Recommendation Form 4. UGA Application Supplement 5. UGA UHS Form 6. GaDOE UGA Release Form for Minors
GaDOE Middle School Program at GSU		1. Application 2. Permission Letter 3. Recommendation Form 4. GSU Release Health Consent 5. GaDOE GSU Release Form for Minors
GaDOE Middle School Program at VSU		1. Application 2. Permission Letter 3. Recommendation Form 4. 5 VSU-Specific Forms 5. GaDOE VSU Release Form for Minors

Summer program information and the application portal is found on the GaDOE MEP website:
<http://www.gadoe.org/School-Improvement/Federal-Programs/Pages/Migrant-Education-Program.aspx>



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

PARENTAL/GUARDIAN STATEMENT

If selected, I give permission for _____ to participate in the following migrant summer program sponsored by the Georgia Department of Education:
Choose one:

- ☐ Leadership Academy at Abraham Baldwin Agricultural College, **June 4-16, 2017**
- ☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
- ☐ GAMEP 9th Grade Leadership Academy at ABAC, **June 4-9, 2017**
- ☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
- ☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

I understand that as a part of this program my child will take part in several different activities which include academic classes, physical activities, career orientation, study skills development, test taking tip seminars, and exposure to different cultures and social interactions. As a result of participating in these activities, I understand and acknowledge that there are risks of property damage and of bodily or personal injury to my child, and I voluntarily assume any and all such risks related to these activities.

For these reasons, I indemnify and hold harmless the Georgia Department of Education, the State Board of Education, the State of Georgia, and their employees, officers, agents, or volunteers from any and all rights, claims, actions, expenses, costs, and damages for injuries sustained to the above-named student's person or property while participating in the migrant summer program.

Please list any allergies, health, or dietary restrictions that affect your child. Include a list of any medications your child is currently taking.

Parent/Legal Guardian Signature

Date

**** NOTE ** Parents/legal guardians are responsible for taking their child(ren) to the university campus on registration day and picking them up after the last day. The Georgia Department of Education employees will not provide transportation to or from a university campus.**



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

DECLARACIÓN Para Padres/Tutores Legales

Si resulta seleccionado/a, autorizo a _____ para participar en la siguiente Academia de Liderazgo del Programa de Educación Migrante de Georgia patrocinada por el Departamento de Educación de Georgia.

Elija una opción:

- ☐ Academia Migrante de Liderazgo en Abraham Baldwin Agriculture College, **junio 4-16, 2017**
- ☐ Liderazgo sin Límites en la Universidad de Georgia, **junio 5-15, 2017**
- ☐ Academia Migrante de Liderazgo para 9° en ABAC, **junio 4-9, 2017**
- ☐ Programa para Estudiantes de Escuela Intermedia en Georgia Southern University, **junio 4-10, 2017**
- ☐ Programa para Estudiantes de Escuela Intermedia en Valdosta State University, **junio 4-9, 2017**

Reconozco que al formar parte de este programa, mi hijo/a participará en diversas actividades las cuales incluirán clases académicas, actividades físicas, orientación de carreras, desarrollo de destrezas para el estudio, consejos para tomar exámenes, y será expuesto/a a diferentes culturas e interacciones sociales. Como resultado de participar en estas actividades, comprendo y reconozco que existen riesgos de daño a propiedad y de posibles lesiones corporales o de ámbito personal hacia mi hijo/a y afirmo que voluntariamente asumo cualquier y todo riesgo relacionado con dichas actividades.

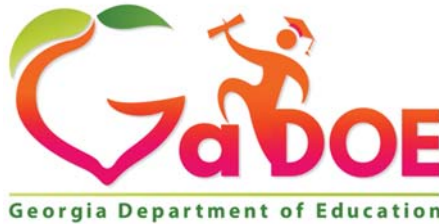
Por lo anteriormente mencionado, yo indemnizo y libero de toda culpa al Departamento de Educación del Estado de Georgia, la Junta Directiva de Educación del Estado, el Estado de Georgia, y sus empleados, oficiales, agentes, o voluntarios de cualquier y todo derecho, reclamo, acción, gasto, costo, y perjuicio por lesiones personales o daño a propiedad del estudiante anteriormente mencionado/a durante su participación en el programa de verano para migrantes.

Favor de anotar cualquier alergia, problema de salud, o restricciones en la dieta que afectan a su hijo/a. Incluya una lista de los medicamentos que su hijo/a está tomando actualmente.

Firma de Padre(s) / Tutor Legal

Fecha

**** NOTA ** Los padres/tutores legales se responsabilizan de transportar al participante al campus universitario el día de inscripción y en el último día del campamento. Los empleados del Departamento de Educación del Estado de Georgia no proveerán transporte hacia o desde el campus universitario.**



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

RECOMMENDATION FORM

Student's Name _____

STUDENT: Please take this form to a teacher, counselor, or school administrator who knows you. Ask this person to complete the form and return it to you.

Name of Evaluator: _____ Position: _____
School: _____ Phone # _____
Address: _____ City: _____ State: _____ Zip: _____

Choose the summer program for which you are applying:

- ☐ Leadership Academy at Abraham Baldwin Agricultural College **June 4-16, 2017**
- ☐ Leadership Without Limits at the University of Georgia, **June 5-15, 2017**
- ☐ GAMEP 9th Grade Leadership Academy at ABAC, **June 4-9, 2017**
- ☐ Middle School Program at Georgia Southern University, **June 4-10, 2017**
- ☐ Middle School Program at Valdosta State University, **June 4-9, 2017**

TO THE EVALUATOR The named student is applying for the Middle School Program at VSU. Please comment on his/her academic standing and how participation in this project would benefit his/her continuing improvement and academic growth. Thank you for your assistance.

How long have you known this student? _____ In what capacity? _____

Comments:

Signature

Date



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

GEORGIA DEPARTMENT OF EDUCATION
STATE OF GEORGIA **COUNTY OF FULTON**

RELEASE FORM FOR MINORS

Participant's Name: _____ ("Participant")

Program Title: Academic Enrichment for Migrant Students at VSU ("Program")

Production Date(s): June 4, 2017 to June 9, 2017

1. In consideration for the opportunity of the Participant identified above to participate in the Program identified above, I grant to the Georgia Department of Education ("GaDOE"), the producer and owner of the Program:
 1. The right to photograph, record, and otherwise reproduce the Participant's image, voice, and/or likeness in connection with the Program in perpetuity;
 2. All rights of use, ownership, and copyright in such photographs, recordings, and reproductions;
 3. The right to distribute such photographs, recordings, and reproductions without limitation by any means; and
 4. The right to use such photographs, recordings, and reproductions and, if necessary, the Participant's name and biographical information to promote the Program.
2. I understand that neither I, nor the Participant, will be compensated monetarily or otherwise.
3. I release GaDOE, its employees, and assigns, and the local school system and its employees, and assigns from all liability for any claims by me, the Participant, or any other person arising in connection with the Program.
4. I agree to indemnify and hold harmless GaDOE for and against all claims by the Participant arising in connection with the Program or this Release, and for all costs or damages resulting from the Participant's disaffirmance of this Release.
5. I certify that I am the parent of the Participant or am otherwise legally authorized to grant this release.

DATE: _____

TELEPHONE: _____

SIGNATURE

PRINT NAME

RELATIONSHIP to PARTICIPANT

STREET ADDRESS

Valdosta State University

Campamento de Verano 2017: Academic Enrichment for Migrant Students at VSU

Forma de consentimiento e historial médico

Requerido por la política del Sistema Universitario, este formulario debe estar completado y entregado a Valdosta State University antes de que el estudiante pueda participar en el programa.

Debe ser llenado por un padre o guardián del participante (el estudiante). (Por favor escriba con letra legible)

Nombre _____
Apellido(s) _____ Nombre _____ Segundo Nombre _____
Dirección de casa _____
Ciudad, Estado, Código Postal _____
Teléfono _____ Género: ☐ Masculino ☐ Femenino
Fecha de nacimiento _____ Doctor/Médico primario _____
Ciudad, Estado _____ Número de teléfono del doctor _____

Direcciones:

Por favor llene esta parte con cuidado. No es necesario consultar a su médico para este historial. Responda a todas las preguntas. La información será entregada a los records de salud de VSU. Se mantendrá en estricta confidencia.

Historial Familiar:

Padre ☐ Vivo ☐ Muerto Si ya pasó, cuál fue la causa _____
Madre ☐ Viva ☐ Muerta Si ya pasó, cuál fue la causa _____
Hermanos o hermanas cantidad _____ Si ya pasaron, cuál fue la causa _____

Marque si tiene familiares con cualquier de los siguientes:

☐ Diabetes ☐ Tuberculosis ☐ Cáncer ☐ Riñón ☐ Enfermedades del corazón/presión alta

Marque si usted ha tenido cualquiera de los siguientes:

☐ Respiración cortada ☐ Varicela ☐ Presión alta o baja ☐ Epilepsia o convulsiones ☐ Fiebre reumática
☐ Dolor de espalda recurrente ☐ Ictericia ☐ Fiebre escarlata ☐ Parálisis o debilidades ☐ Rubéola
☐ Artritis ☐ Diabetes mellitus ☐ Tuberculosis ☐ Sarampión ☐ Hemorragia / hemofilia ☐
☐ Fiebre de heno ☐ Asma ☐ Tos crónica ☐ Lesión en la cabeza ☐ Períodos de inconsciencia
☐ Problemas con los oídos, nariz, o garganta ☐ Problemas con el estómago, hígado, o intestinos
☐ Cálculos renales o sangre en la orina
☐ Otra cosa, por favor especifique _____

Ha recibido tratamiento o consejería por problema emocionales en los últimos cinco años? ☐ Sí ☐ No

Si marcó sí por favor explique _____

Tiene alguna razón por que no podría participar en actividad física? ☐ Sí ☐ No

Si marcó sí por favor explique _____

En los últimos cinco años ha sido restringida su actividad física? ☐ Sí ☐ No

Si marcó sí por favor explique _____

Ha tenido una reacción alérgica a alguno de lo siguiente?

☐ Penicilina ☐ Sulfa ☐ Huevo o pollo ☐ Picadura de abeja

☐ Otra Si marcó sí por favor explique _____

Toma medicina en un horario, prescrito por un médico? ☐ Sí ☐ No

Nombre del medicamento	Cantidad	Frecuencia
------------------------	----------	------------

Permiso para tomar diagnóstico y administrar tratamiento:

Si el estudiante es menor de 18 años, su padre o guardián debe firmar en el área diseñada.

Yo autorizo que la clínica estudiantil de VSU, sus agentes y consultantes, para tomar diagnóstico y administrar tratamiento al participante nombrado arriba. Yo cedo reclamaciones a notificación previa. Si es necesario basado en el juicio del personal médico, los padres o guardianes del estudiante serán notificados, esto será hecho. En caso de emergencia yo autorizo al personal médico llamar al transporte de emergencias para llevarle a un consultorio de emergencia si es necesario.

Firmas:

Firma de los padres o guardianes 1. _____ fecha _____

2. _____ fecha _____

Personas para notificar en caso de emergencia:

1. Nombre _____	Relación _____
Dirección _____	Teléfono _____
2. Nombre _____	Relación _____
Dirección _____	Teléfono _____

Valdosta State University
Summer Camp 2017: Academic Enrichment for Migrant Students at VSU
HEALTH HISTORY AND CONSENT FORM

As required under University System Policy, this form must be completed and returned to Abraham Baldwin College before the student will be eligible for Program enrollment.

PART A – To be completed by the parent or guardian for the participant (Please Print)

Expected date of
Name _____ Program enrollment _____
Last _____ First _____ Middle/Maiden _____ Semester/Year _____
Home Address _____
City, State, Zip _____ Telephone (_____) _____
Sex: ☐ Male ☐ Female
Date of Birth _____
Home Physician _____ City, State _____
Physician's Telephone Number _____

PART C

Directions: Please complete this portion of the form completely and carefully. It is not necessary to consult a physician for this history. Answer all questions. Information supplied will become part of a Health Record at ABAC. It will be held in the strictest of confidence.

FAMILY HISTORY

Father: ☐ Living ☐ Dead If so, cause of death: _____
Mother: ☐ Living ☐ Dead If so, cause of death: _____
Brothers & Sisters: Number _____ If any have died, cause(s) of death(s): _____

Have any of your relatives had any of the following (check appropriate box)

☐ Diabetes ☐ Tuberculosis ☐ Cancer ☐ Kidney disease ☐ Heart disease/high blood pressure

HAVE YOU EVER HAD or do you now have any of the following (check appropriate box):

<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Head injury
<input type="checkbox"/> Recurrent back pain	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Chronic cough	<input type="checkbox"/> Bleeding/Hemophilia
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy or convulsions	<input type="checkbox"/> Periods of unconsciousness
<input type="checkbox"/> Ear, nose or throat trouble	<input type="checkbox"/> Stomach, liver or intestinal trouble	<input type="checkbox"/> Paralysis or weakness	<input type="checkbox"/> Kidney stones or blood in urine
<input type="checkbox"/> Infectious mononucleosis	<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella (German Measles)
<input type="checkbox"/> Other, please specify: _____			

Have you received treatment or counseling for emotional problems within 5 years? ☐ Yes ☐ No (If yes, attach explanation)

Do you know any reason why you should not participate in physical activities? ☐ Yes ☐ No (If yes, attach explanation)

Has your physical activity been restricted during the past 5 years? ☐ Yes ☐ No (If yes, attach explanation)

Have you ever had an allergic reaction to the following (check only appropriate boxes, if any):

☐ Penicillin ☐ Sulfa ☐ Eggs or Chicken ☐ Bee Stings ☐ Other, please specify: _____

Do you take any medication on a regular basis prescribed by your physician? ☐ Yes ☐ No (If yes, list below)

Name of Drug	Dosage	Frequency

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES:

If you are under 18 years of age, your parent or legal guardian must sign below in the space designated.

I hereby authorize the ABAC Student Health Center, its agents or consultants, to perform diagnostic and treatment procedures on the program participant named above. I waive all claims to prior notification. If, in the judgment of the professional staff, the student's parents or guardians should be notified, this will be done.

SIGNATURES

Student _____ Date _____

Parent/Guardians 1. _____ Date _____

2. _____ Date _____

PERSONS TO NOTIFY IN EMERGENCY: List below persons who may be notified in the event of an emergency.

1. Name _____ Relationship _____

Address _____ Telephone (_____) _____

2. Name _____ Relationship _____

Address _____ Telephone _____



**Aviso a todos las personas que participan en actividades deportivas o acuáticas
Asunción de riesgos y seguros de Certificación
(Lea cuidadosamente antes de firmar)**



Muchas actividades recreativas y programas deportivos y acuáticos implican riesgos sustanciales. Peligros relacionados con dichas actividades incluyen, pero no se limitan a: la hipotermia, huesos rotos, distensiones, esguinces, contusiones, ahogamiento, conmoción cerebral, ataque al corazón y el agotamiento.

Cada participante en este tipo de actividades debe darse cuenta de que existen riesgos, los peligros y riesgos inherentes a este tipo de actividades y en la formación, la preparación y los viajes hacia y desde esas actividades. Es la responsabilidad exclusiva de cada participante a participar sólo en aquellas actividades para las que él / ella tiene las habilidades previas, calificaciones, preparados y formación.

Reconozco que la Universidad Estatal de Valdosta no garantiza ni garantiza en modo alguno a la competencia, mental o condición física de cualquier líder del viaje, el conductor del vehículo, o participante individual en cualquier actividad o recreativo.

Se requiere que todos los participantes en actividades recreativas voluntarias y programas atléticos firmen la autorización adjunta, renuncien de la responsabilidad y el convenio de no demandar.

Reconozco que soy el único responsable de cualquier hospital u otros gastos derivados de cualquier daño o lesiones corporales a la propiedad que a través de mi participación en este tipo de actividades deportivas o recreativas voluntarias. En este sentido, certifico que estoy cubierto por una póliza de seguro de salud y accidentes.

He recibido una copia de este aviso, que he leído y entendido. Acepto y asumo todos los riesgos, los peligros y los peligros implicados en esas actividades en las que pueden optar por participar, incluida la formación, la preparación y los viajes hacia y desde el sitio de tales actividades. Yo permito que mi hijo _____ participe.

Firma: _____ Nombre: _____

**Liberación de la responsabilidad y de acuerdo con no demandar la Universidad De Valdosta State
(Lea cuidadosamente antes de firmar)**

Reconozco que la participación en programas deportivos y actividades recreativas o acuáticas implica un riesgo inherente de daño físico y asumo todos los riesgos. Absuelvo totalmente la responsabilidad, la liberación y descargo para siempre la institución y de la Junta de Regentes del Sistema de la Universidad de Georgia, sus miembros individualmente, y sus funcionarios, agentes y empleados de y de cualquier y todos los reclamos, demandas, derechos y causas de la actividad de cualquier tipo o naturaleza, que se deriven de todos conocidos y desconocidos, previsto e imprevisto lesiones personales y corporales, daños a la propiedad, y las consecuencias de los mismos; incluyendo la muerte, como resultado de mi participación voluntaria en o relacionados de alguna manera con este tipo de programas recreativos y actividades atléticas.

Yo entiendo que la aceptación de esta versión, la exoneración de responsabilidad, y el pacto de no demandar, la institución o la Junta de Regentes del Sistema Universitario de Georgia o empleado del mismo, no constituirá una renuncia, en su totalidad o en parte, de la soberana de la inmunidad oficial por dicha Junta, sus miembros, oficiales, agentes, empleados y voluntarios.

He recibido una copia de este documento y certifico que soy el padre or guardian de _____ y que no estoy sufriendo ninguna discapacidad legal que me impediría la comprensión de este documento y que he leído lo anterior cuidadosamente antes de firmar.

Este _____ día de _____ de 20_____.

Firma: _____ Nombre: _____:

Testigo: _____



**Notice to all Persons Participating
In Athletic or Recreational Activities
Assumption of Risk and Insurance Certification
(Please Read Carefully Before Signing)**



Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, death, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations and training.

The undersigned acknowledges that Valdosta State University does not warrant or guarantee in any respect the competency, mental, or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity.

All participants in voluntary recreational activities and athletic programs will be required to sign the attached Release, Waiver of Liability and Covenant Not to Sue, form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards and dangers involved in any such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities. I allow my child _____ to participate.

Signature: _____

Printed Name: _____

**Release, Waiver of Liability and Covenant Not To Sue
(Please Read Carefully Before Signing)**

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the consideration of Valdosta State University allowing the undersigned to participate in voluntary recreational programs or athletic activities and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participate does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of activity of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic 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, employees, or volunteers for any claim for damages arising or growth out of my voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this release, waiver of liability, and covenant not to sue, the Institution or the Board of Regents of the University System of Georgia or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign of official immunity by said Board, its members, officers, agents, employees, and volunteers.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the entire period of my enrollment or employment at the institution.

I have received a copy of this document and I certify that I am the legal guardian or parent of _____ and I am not suffering legal disabilities that would prevent me from understanding and executing this document and that I have read the above carefully before signing.

This _____ day of _____, 20____.

Signature: _____

Printed Name: _____

Witness: _____

EXONERACION Y RENUNCIA DE RESPONSABILIDADES Y PACTO DE NO DEMANDAR

Por medio de la presente, el firmante reconoce que la participación en programas y actividades de tipo riesgoso involucran la posibilidad de lesión física y asume todas las consecuencias. Por medio de la presente, el firmante acepta que teniendo en cuenta que Valdosta State University (también referida como la “Institución”) permitiendo al firmante participar en estos programas y actividades para los cuales , en conexión con la Institución, ha hecho disponibles todas las instalaciones, equipos, terrenos, o personal para la celebración de dichos programas y actividades, el firmante exonera y exime de manera permanente a Valdosta State University y a Board of Regents del University System of Georgia, a cada uno de sus miembros y oficiales, agentes y empleados, de cualquier reclamo, demanda, o derecho a interponer cualquier acción de tipo legal causado o motivado por cualquier incidente que por razones conocidas o desconocidas, esperadas o inesperadas, a resultado en daño físico personal o daño a propiedad privada y sus respectivas consecuencias , que estén conectados con dichos programas y actividades.

Yo por lo tanto me comprometo y acepto que por lo que se está considerando en el párrafo anterior, yo no demandaré legalmente a la Institución, al Board of Regents of the University of Georgia, ninguno de su miembros, sus oficiales, agentes o empleados por cualquier reclamo por daños o perjuicios causados o iniciados debido a mi voluntaria participación en las susodichas actividades. Yo entiendo que al aceptar esta exención y pacto de no demandar legalmente a la Institución o al Board of Regents of the University of Georgia no constituirá una exención en parte o total, de mandato o inmunidad legal de dicho Board, sus miembros, oficiales, agentes y empleados. Más aún, yo entiendo que esta renuncia, exención de responsabilidades, y pacto de no demandar legalmente será válida y aplicada durante el tiempo completo de mi asistencia en la Institución o participación en dichas actividades de tipo riesgoso. Yo he recibido una copia de este documento y yo certifico que mi edad es de 18 años o más, que no estoy de alguna manera impedido(a) legalmente y que he leído todo lo anterior cuidadosamente antes de firmar.

Nombre _____ (Por favor, escriba en letra)

Fecha _____

Firma _____

Firma del Padre si el
participante es menor de 18
años de edad

AUTORIZACION PARA TRATAMIENTO MEDICO Y CONTACTOS EN CASO DE EMERGENCIA

INFORMACION DEL PARTICIPANTE (Por favor escriba en letra)

Nombre del Participante _____ Fecha de Nacimiento ____/____/____
Sexo: _____ M _____ F
Dirección de Casa:
Ciudad: _____ Estado: _____ Código Postal: _____

INFORMACION EN CASO DE UNA EMERGENCIA

Madre: _____ Teléfono de Casa: _____
Contacto preferido en caso de una emergencia Celular: _____

Padre: _____ Teléfono de Casa: _____
Contacto preferido en caso de una emergencia Celular: _____

Guardián Legal: _____ Teléfono de Casa: _____
Contacto preferido en caso de una emergencia Celular: _____

INFORMACION DE PROVEEDOR DE SEGURO MEDICO

OBSERVACION: LOS PARTICIPANTES DEBEN TENER SEGURO MEDICO O DEBEN FIRMAR UNA RENUNCIA MEDICA

Nombre de Proveedor _____ Teléfono de Proveedor: _____
Número del Plan: _____ Nombre de Asegurado: _____

INFORMACION MÉDICA

Nombre de Médico Principal _____ Teléfono de Médico _____
Condiciones Médicas Especiales: _____
Alergias a Medicamentos: _____
Medicamentos y Dosis Actuales: _____
Dietas Especiales o Alergias a Comidas: _____

AUTORIZACION PARA TRATAMIENTO MEDICO

(La forma completada debe estar en archivo antes de que el tratamiento sea administrado)

Yo doy mi autorización para tales diagnósticos, terapias, y procedimientos médicos según que sean necesarios para mi hijo/ hija/ protegido.

La firma del padre o guardián legal esta requerida en la parte inferior si el participante es menor de diez y ocho años de edad.

Firma Participante

Fecha

Firma del Padre o Guardián Legal

Fecha

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

Valdosta State University-Curso/ Desafío de Cuerdas Ropes Challenge Course

Descargo de Responsabilidad

En consideración de mi participación en el Curso/ Desafío de Cuerdas del Aire Libre proporcionado por la Junta de Regentes del Sistema de la Universidad de Georgia por y en nombre de la Universidad Estatal de Valdosta, y sus representantes, agentes, empleados, voluntarios y todas las demás personas o entidades que actúen en cualquier capacidad en su nombre (en lo sucesivo denominados colectivamente como Valdosta State University) y por otra buena y valiosa consideración la recepción, adecuación y suficiencia se reconocen por este medio, estoy de acuerdo en liberar, indemnizar, y descargo la Universidad Estatal de Valdosta, en nombre de mí mismo, mis padres o parientes, o representante personal de la siguiente manera:

Reconozco que mi participación en las actividades del curso de cuerdas conlleva riesgos conocidos y no anticipados que podrían resultar en lesiones físicas o emocionales, parálisis, muerte o daños a mi persona ya la propiedad privada. Entiendo que los riesgos incluyen, entre otras cosas, la posibilidad de: resbalones, caídas y cae; quemaduras de la cuerda; pellizcos, rasguños, giros y sacudidas que podrían resultar en rasguños, contusiones, esguinces, fracturas, laceraciones, contusiones, o riesgos aún más graves que amenazan la vida. Durante una actividad que puede haber contacto con las plantas, los animales o insectos que podrían crear peligros tales como picaduras, alergias y enfermedades asociadas.

Entiendo que estos riesgos no pueden ser eliminados sin poner en peligro las cualidades esenciales de la actividad. Valdosta State University y sus programas se basan en el "desafío por elección" principio. Entiendo y acepto que en cualquier momento estoy en libertad de dejar de participar en las actividades de este curso de cuerdas.

Entiendo y estoy de acuerdo de que la Universidad Estatal de Valdosta no tiene personal médico disponible en la ubicación de esta actividad. Doy mi permiso para que la Universidad Estatal de Valdosta autorice el tratamiento médico de emergencia en un centro de emergencias si es necesario, y que dicha acción por la Universidad Estatal de Valdosta estará sujeto a los términos de este documento. Entiendo y acepto que la Universidad Estatal de Valdosta no asume ninguna responsabilidad por cualquier lesión o daño, lo que podría surgir de o en conexión con el tratamiento médico de emergencia autorizado tal. Además, asumo la responsabilidad personal y financiera por cualquier cuidado médico, tal y tratamiento.

Entiendo que la aceptación de esta liberación y exoneración de responsabilidad por la Junta de Regentes del Sistema de la Universidad de Georgia y la Universidad Estatal de Valdosta no constituirá ni se interpretará como una renuncia, en su totalidad o en parte, de la inmunidad soberana o funcionario por dicha Junta, sus miembros, oficiales, agentes y empleados.

PADRE O GUARDIÁN (Debe ser completado para los participantes menores de 18 años)

Al firmar abajo, doy permiso for _____ (niño); para participar en el Curso/ Desafío de Cuerdas de Valdosta State University. Entendemos y estamos de acuerdo con todos los términos y condiciones de este comunicado.

Nombre del padre / tutor:

Firma:

Fecha:

Contacto de emergencia: _____ Relación: _____

Número de teléfono: _____ secundario: _____

Testigo: _____

Valdosta State University
Campus Recreation Ropes Challenge Course
Participant Assumption of Risk and Release of Liability

In consideration of my participation in a Ropes Challenge Course and services provided by The Board of Regents of the University System of Georgia by and on behalf of Valdosta State University, and its representatives, agents, employees, volunteers and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as **Valdosta State University**) and for other good and valuable consideration, the receipt, adequacy and sufficiency of which are hereby acknowledged, I hereby agree to release, indemnify, and discharge **Valdosta State University**, on behalf of myself, my children, my parent, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, and to property. I understand that the risks include, among other things, the potential for: slips, falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. **Valdosta State University** and its programs are based on the "challenge by choice" principle. I understand and agree that at any time I am free to withdraw from participation in ropes course activities.

2. Knowing the dangers, hazards, and risks of such activity, on behalf of, myself, my family, heirs, personal representatives, I, hereby assume any and all such risks seen and unforeseen and responsibilities surrounding my participation in such activity and except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees of **Valdosta State University**, I hereby release, waive, forever discharge, and covenant not to sue **Valdosta State University**, the Board of Regents of the University System of Georgia, their members individually, and officially, their officers, trustees, agents and employees (current and former) from any and all claims, demands, rights, claims for attorney's fees, and causes of actions of whatever kind and nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from my participation in connection with activities at and through **Valdosta State University**.

3. I further agree to indemnify and hold harmless **Valdosta State University** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of our equipment or facilities, including any such claims which allege negligent acts or omissions of **Valdosta State University**.

4. I understand and agree that Valdosta State University does not have medical personnel available at the location of this activity. I grant my permission for Valdosta State University to authorize emergency medical treatment at an emergency care facility if necessary, and that such action by Valdosta State University shall be subject to the terms of this document. I understand and agree that Valdosta State University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. Further, I assume personal and financial responsibility for any such medical care and treatment.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the aforementioned activities, and I agree to assume any and all financial

responsibility of such injury or damage myself. I further certify that I am willing to assume the risk of these activities under any medical or physical condition I may have.

6. Photograph Release –I hereby grant permission to **Valdosta State University** to use photographs taken during this program that include me for promotion and/or advertising purposes. I do hereby release **Valdosta State University** from liability for any violation of any personal or proprietary right I may have in connection with such use of my image. I waive any rights, claims or interests I may have to control the use of my identity or likeness by **Valdosta State University** in the photographs. I waive any right that I may have to inspect and approve the photographs prior to use by **Valdosta State University**. I agree that any uses described herein may be made without compensation or additionally consideration of me.

7. I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia and **Valdosta State University** shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

I hereby certify that I am eighteen (18) years of age or older and suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and of my own free will.

Signature of Participant: _____ Gender: M/ F

Print Name: _____ Ethnicity (optional): Caucasia/Anglo African- American/

Address: _____ Native American/ Asian/ Hispanic Other

Student ID: 870-_____ Insurance Company: _____

Phone: _____ Date: _____

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____ Secondary Number: _____

PARENT OR GUARDIAN

(Must be completed for participants under the age of 18)

By my signature below, I hereby give permission for _____ (Child); to participate in Valdosta State University's Ropes Challenge Course and agree on behalf of myself and Child to be bound by all the terms and conditions of this Release.

Print Name of Parent/Guardian: _____

Signature: _____

Insurance Company: _____

Date: _____

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____ Secondary: _____

Witness: _____ Witness: _____