



**2015**

THE UNIVERSITY OF GEORGIA  
**J.W. FANNING INSTITUTE**  
*for Leadership Development*

Participant Name: \_\_\_\_\_

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

*This email will be used to send updated information.*

My mailing address has changed since I applied:

- ☐ Yes (complete space below)  
☐ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

*This email will be used to send updated information*

Parent/Guardian phone: \_\_\_\_\_

I have completed and enclosed the following forms for **Leadership Without Limits**:

- ☐ J W Fanning Institute Release and Waiver of Liability (2 pages)
- ☐ Fanning Institute Code of Conduct for Students and Parents (1 page)
- ☐ University of Georgia Image Release Form (1 page)
- ☐ University of Georgia Health Form for 2015 Summer Camps and Programs (2 pages)
- ☐ J W Fanning Institute Medication Administration Policy, Release Form and Current Medications (2 pages)
- ☐ University of Georgia Challenge Course Health History Form and Waiver (4 pages)
- ☐ Participant Packing List – Linen provided (1 page)
- ☐ Driving directions to J W Fanning Institute for Leadership Development (4 pages)

**THE UNIVERSITY OF GEORGIA**  
**J.W. FANNING INSTITUTE FOR LEADERSHIP DEVELOPMENT**

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

***(PLEASE READ CAREFULLY BEFORE SIGNING)***

I hereby acknowledge that my child's voluntary participation in the J.W Fanning Institute for Leadership Development's (Fanning) **Leadership Without Limits** youth program on the dates of **June 1-11, 2015** may involve risks of property damage and of bodily or personal injury to my child. Activities will include, but are not limited to, travel to and from various activities, practice and training in preparation for the various activities, and a ropes course. I hereby give permission for my child to participate in these activities.

I hereby acknowledge that my child may be expected to participate in all activities of the program within and outside of a classroom. These activities may include, but are not limited to, lectures, workshops, using technology, as well as giving presentations, working with other participants, adults, and mentors participating in activities that may include physical activity. Physical activities may include extensive walking, team building activities, swimming, general recreational activities such as, but not limited to, basketball, football, soccer, and other related activities requiring similar physical demand.

I hereby acknowledge that my child's voluntary involvement in these activities exposes him/her to potential risks. These risks include, but are not limited to, slipping and/or falling, rope burns, pinches, jolts that could result in contusions, scrapes, twists, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening situations. Furthermore, during any activity I understand that my child may have contact with various plants, animals, and/or insects that could cause injury such as stings, allergies, and associated diseases such as West Nile Virus, Lyme Disease, Rocky Mountain Spotted Fever, etc. More risks include exposure to weather and temperature extremes such as thunderstorms or extreme heat or cold which could cause hypothermia, hyperthermia, heat stroke, heat exhaustion, sunburn, and/or dehydration. Possible risks also include exposure to falling objects, structure collapse, injuries resulting from improper lifting or carrying, injuries from walking on uneven terrain, and injuries resulting from the use of climbing ropes and equipment, including equipment failure. **I hereby assume any and all such risks related to these activities.**

These activities can and may include the following low rope exercises:

- Islands
  - Participants will be standing on elevated, flat platforms approximately 1 foot 6 inches above the ground with other team members while trying to cross to other platforms using a 6 inch to 8 inch wide board (again, off the ground)
- Spider's Web
  - Participants will pass through a section of space without touching the ground using the help of team members to lift, carry, or spot them while passing through the section
- Whale Watch
  - Participants will stand on an unbalanced platform approximately 1 foot 6 inches above the ground while trying to add other team members and maintain the balance of the platform
- Telephone Pole Shuffle
  - Participants will be required to move along a pole (or set of poles) approximately 1 foot 6 inches above the ground with other team members while no team members step off of the pole (or poles)

- The Wall
  - Participants will climb over a 12 foot wall using other team members as the only resource. A ladder will be used for descending
  -
- Mohawk Walk
  - Participants will be required to walk on a small cable approximately 1 feet 6 inches above the ground while using their balance or other team members as their only resource

I understand that it is my responsibility to know my child's own physical constraints and limitations and that I will not allow my child to participate in any activity in which I feel would be detrimental to his/her, or anyone else's, health and safety. I further understand that it is my responsibility to know what my child's respective qualifications, skills, training and preparations are in order to allow him/her to participate in any these activities. I do not expect any University official to know any of the above in regard to my child.

I understand that the Board of Regents of the University System of Georgia does not provide insurance coverage for my child in regard to these activities. I understand that it is my responsibility to obtain accident and/or health insurance for my child, if so desired.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

_____ Name of Youth Participant
This _____ day of _____, 2015.
_____ Signature of Parent
_____ Printed Name of Parent

## CODE OF CONDUCT

Each participant is expected to:

- Demonstrate courtesy, even when others do not.
- Use appropriate language.
- Behave in a responsible manner, always exercising self-discipline.
- Attend all sessions and activities regularly and **on time**.
- Prepare for each session as required; take appropriate materials and assignments to each activity.
- Meet UGA standards of grooming and dress.
- Obey all campus and program rules.
- Respect the rights and privileges of other participants and of the faculty, staff, and visitors.
- Respect the property of others, including UGA property and facilities.
- Cooperate with and assist staff in maintaining order, safety and discipline.
- Obey safety rules and driver instructions during transportation to activities.
- Turn off cell-phones during all activities. Cell phone use is only permitted during breaks.
- Not advocate, tolerate, or engage in the possession, distribution and/or use of alcohol or illegal drugs.
- Not enter any restricted area, including roofs of any University property.
- Not conduct, organize, or participate in any activity involving games of chance or gambling except as permitted by law and University policy.
- Turn out lights in rooms at 11PM NO EXCEPTIONS.
- Be responsible for residence hall key. **Failure to return the room key will result in a \$45 fee.**
- Avoid violations of the *Code of Conduct*.

The following discipline management techniques (*constructive redirection*) may be used alone or in combination for misbehavior violating the *Code of Conduct* or UGA rules by mentors and faculty/staff:

- Verbal correction or warning,
- Cooling-off time or "time-out,"
- Seating changes within the classroom,
- Activity change,
- Counseling by faculty or staff,
- Parent conferences,
- Confiscation of items that disrupt the educational process,
- Assignment of duties, such as clean-up, and
- Withdrawal from activities or program.

**Failure to comply with any of the above rules and regulations will result with removal from the program and calling your parents to come and take you from the campus.**

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parents and Legal Guardians:**

I have read the *Code of Conduct* and discussed the code with my child who will be attending the program. I understand that if my child is dismissed from the program, I will be responsible for coming to Athens to pick him/her up within 5 hours.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**University of Georgia J W Fanning Institute for Leadership Development**  
**CÓDIGO DE CONDUCTA**

Cada participante se espera que:

- Demuestre cortesía, aún cuando otros no lo hacen.
- Use un vocabulario apropiado.
- Comportarse de manera responsable, siempre ejerciendo la autodisciplina.
- Asistir a todas las sesiones de Fanning y actividades con regularidad y a tiempo.
- Prepararse para cada sesión según sea necesario y lleve los materiales apropiados y sus tareas a cada actividad.
- Cumplir con las normas UGA de aseo y atuendo.
- Obedezca todas las reglas del programa de Fanning.
- Respetar los derechos y privilegios de los otros participantes y de la facultad de Fanning, el personal y los visitantes.
- Respetar la propiedad ajena, incluyendo la Universidad de Georgia y la propiedad Fanning y las instalaciones.
- Cooperar con el personal de Fanning para mantener el orden, la seguridad y la disciplina.
- Obedezca las reglas de seguridad y las instrucciones del conductor durante el transporte a las actividades.
- Apague los teléfonos celulares durante las actividades de Fanning. El uso del móvil sólo está permitido durante los descansos.
- No tolerar o participar en la posesión, distribución y / o uso de alcohol o drogas ilegales.
- No entrar en cualquier zona de acceso restringido, incluyendo los techos de cualquier propiedad de la Universidad.
- No realizar, organizar o participar en cualquier actividad que implique juegos de suerte o azar, excepto según lo permitido por la ley y política de la Universidad.
- Apague las luces en las habitaciones a las 11pm.
- Ser responsable de la clave de la residencia universitaria. Si no devuelve la llave de la habitación se traducirá en un costo de \$45.
- Evite las violaciones del código de conducta.

Los siguientes técnicas de gestión (redirección constructiva) puede ser utilizado solo o en combinación de la mala conducta que viola el Código de Conducta de Fanning o reglas UGA por sus mentores y profesores y el personal de Fanning:

- Corrección Verbal o una advertencia
- Tiempo de enfriamiento o "tiempo fuera"
- Cambio de asientos en el salón de clases
- Cambiar de actividad
- Asesoramiento por parte de profesores o el personal de Fanning
- Las conferencias para padres
- Confiscación de objetos que perturben el proceso educativo
- Asignación de funciones, tales como limpieza
- Retiro de las actividades de Fanning o programa

El incumplimiento de cualquiera de las normas anteriores y las regulaciones se traducirá en la eliminación del programa y terminara con llamar a tus padres para que vengan y te llevan del programa.

La firma de la juventud : \_\_\_\_\_ Fecha : \_\_\_\_\_

Para los padres y guardianes legales:

He leído el código de conducta Fanning y he discutido el código con mi niño que asistirá el programa. Yo entiendo que si mi hijo es despedido del programa, que será responsabilidad mía de ir a Athens para recoger a él/ella dentro de 4 horas.

Firma del padre / Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

THE UNIVERSITY OF GEORGIA

**MINOR CHILD Likeness Release**

I certify that I am the legal guardian of \_\_\_\_\_

The undersigned hereby irrevocably consents to and authorizes the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees (University), of the Subject's (minor child) image, voice and/or likeness (Media) as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the Subject's (minor child) image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials described above. I hereby waive the right to inspect or approve the Media or any finished materials that incorporate the Media. I understand and agree that the Media will become part of the University's permanent file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of the Media. I certify that I am at least 18 years of age, that I am the Subject or parent/legal guardian of the Subject, and that I have read and understood the above.

Print Participant Name: \_\_\_\_\_

Please indicate your agreement to the foregoing by signing below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Information  
(phone or email)

University of Georgia J. W. Fanning Institute for Leadership Development

– Medical Administration Policy --

(Supplemental form in addition to the Health Form for 2015 Summer Camps and Programs)

Due to the fact that many youth take prescription medications, it is anticipated that youth who attend the **Leadership Without Limits** program will bring prescription and non-prescription medications, the use of which will need to be monitored and controlled while on the UGA campus. It is critically important that all youth who participate in the program understand and agree to the program rules regarding the use of medications while participating in the program.

UGA faculty, staff and contractors are not equipped to administer medications to participants. All participants must be able to administer their own medications in order to participate in the program. In the event of a medical emergency, students will be treated at the University Health Center or an ambulance will be called.

Upon arrival and during program registration, each participant will give all medications to the lead mentor or Fanning Institute faculty and ensure that the reverse of this form is completed in detail.

**General guidelines for prescription medications:**

- All prescription medications will be housed in a locked cabinet at the Fanning Institute. If the medication requires refrigeration, the medication will be held in a refrigerator in a locked office at the Fanning Institute.
- It is helpful if parents or guardians provide the medication in individual dosages that are clearly marked with the participants name along with clear instructions.
- The lead mentor will be charged with the responsibility of overseeing medications. The lead mentor will participate in the program 24 hours a day and sleep in the dorm with youth participants.
- At the appropriate time during the day, the lead mentor will make arrangements for youth to receive their medication.
- Participants must be able to self-administer medications.

**General guidelines for over the counter medications:**

- Legal Guardians must approve the use of over the counter medications.
- Over the counter medications may be held by the participant for use as needed, unless a problem arises. Program administrators reserve the right to collect over the counter medications.
- There is no sharing of over the counter medications among participants.

I have read, understand and agree to these program guidelines.

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**University of Georgia Fanning Institute for Leadership Development**  
**MEDICAL RELEASE FORM**

Participant name: \_\_\_\_\_

**Event staff has my permission to administer the following over-the-counter medications to the participant**

(Check any that apply): ☐ Tylenol ☐ Advil ☐ Midol ☐ Nyquil ☐ Dayquil ☐ Benadryl ☐ Pepto-Bismol

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Is the participant taking any medications (prescription or over the counter) at this time?** ☐ Yes ☐ No

If answer is **yes**, complete the following section:

**CURRENT MEDICATIONS**

List any medications the participant is currently taking (prescription or over-the-counter). Attach additional sheets as necessary. *Administration of the medication is the responsibility of the participant.*

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Illness or condition medication is intended for: \_\_\_\_\_

Dosage instructions (*frequency, time, etc.*): \_\_\_\_\_

Date(s) to administer: From: \_\_\_\_\_ To: \_\_\_\_\_ Refrigeration: ☐ Yes ☐ No

Special instructions: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Illness or condition medication is intended for: \_\_\_\_\_

Dosage instructions (*frequency, time, etc.*): \_\_\_\_\_

Date(s) to administer: From: \_\_\_\_\_ To: \_\_\_\_\_ Refrigeration: ☐ Yes ☐ No

Special instructions: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Illness or condition medication is intended for: \_\_\_\_\_

Dosage instructions (*frequency, time, etc.*): \_\_\_\_\_

Date(s) to administer: From: \_\_\_\_\_ To: \_\_\_\_\_ Refrigeration: ☐ Yes ☐ No

Special instructions: \_\_\_\_\_

**AUTHORIZATIONS**

I understand that should a health problem arise I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered and that necessary information may be released for insurance purposes.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



**University of Georgia Fanning Institute for Leadership Development**  
**AUTORIZACIONES MÉDICAS**

Nombre del participante: \_\_\_\_\_

**El personal del evento tiene el permiso de administrar los siguientes medicamentos**

(Marque cuales correspondan): ☐ Tylenol ☐ Advil ☐ Midol ☐ Nyquil ☐ Dayquil ☐ Benadryl ☐ Pepto-Bismol

Firma del padre/guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

¿Está tomando el participante algún medicamento (con o sin receta)?

☐ Sí ☐ No

Si está tomando medicamento, complete la siguiente información:

**MEDICAMENTOS ACTUALES**

Haga una lista de medicamentos que el participante está tomando (con o sin receta). Adjunte una hoja adicional si es necesario. *La administración del medicamento es la responsabilidad del participante.*

Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_

Enfermedad/condición para la cual está recetado este medicamento: \_\_\_\_\_

Instrucciones de dosificación (frecuencia, la hora del día, etc.): \_\_\_\_\_

Fecha(s) para administrarse. Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_ Refrigeración: ☐ Sí ☐ No

Instrucciones especiales: \_\_\_\_\_

Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_

Enfermedad/condición para la cual está recetado este medicamento: \_\_\_\_\_

Instrucciones de dosificación (frecuencia, la hora del día, etc.): \_\_\_\_\_

Fecha(s) para administrarse. Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_ Refrigeración: ☐ Sí ☐ No

Instrucciones especiales: \_\_\_\_\_

Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_

Enfermedad/condición para la cual está recetado este medicamento: \_\_\_\_\_

Instrucciones de dosificación (frecuencia, la hora del día, etc.): \_\_\_\_\_

Fecha(s) para administrarse. Desde: \_\_\_\_\_ Hasta: \_\_\_\_\_ Refrigeración: ☐ Sí ☐ No

Instrucciones especiales: \_\_\_\_\_

**AUTORIZACIONES**

Entiendo que si surge algún problema de salud se me notificará, pero si no pueden ponerse en contacto conmigo por teléfono, el tratamiento médico, incluyendo la cirugía, podría ser efectuado por personal médico competente según fuera necesario, y que por motivos del seguro la información necesaria podría divulgarse.

Firma del padre/guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_



## UGA Outdoor Recreation Challenge Course Health History Form

Name: \_\_\_\_\_ UGA ID# (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organization: \_\_\_\_\_ Date of Program: \_\_\_\_\_

Emergency Contact (Name, Phone #, Relation to You): \_\_\_\_\_

**Allergies:** Do you have any allergies (e.g. bees, drugs, foods, etc)? If yes, to what and what is the severity of the reaction?  
**Do you carry an Epi-pen?** YES or NO?

**Medications:** Are you currently taking any medications? YES or NO? If yes, what are you taking and what condition is being treated? Will you have your medication on your person to address issues? YES or NO?

**Chronic Illnesses:** Do you have any chronic illnesses (e.g. diabetes, epilepsy, asthma, etc.)? If yes, please list.

**Physical Conditions:** Do you have any physical conditions that might limit or affect your ability to participate in physical activities? If yes, please describe such limitations and conditions for limitations.

**Injuries:** Have you experienced any injuries (e.g. dislocations, sprains, etc) within the last three years? If yes, please identify the injuries, when they occurred, and the severity of the injuries. Have you fully recovered?

**Physician:** Have you been treated by a physician in the past year? Have you been hospitalized in the past year? If yes to either, please explain.

**Insurance:** I hereby certify that I will be covered by a sickness/accident policy for the program's duration. My policy is carried by:

(Name of Insurance Company) (Policy #)

(Participant's Signature) (Date)

(Signature of Parent/Legal Guardian if participant is under 18 years of age) (Date)

\*Note: It is strongly recommended that all students carry medical insurance. International students are required to have hospitalization insurance the entire length of stay at the University of Georgia. \*



**THE DEPARTMENT OF RECREATIONAL SPORTS  
UNIVERSITY OF GEORGIA**

**2014/2015 UGA CHALLENGE COURSE NO INSURANCE ADDENDUM**

*If you have insurance and filled out the information above, you do not need to fill out this page.*

**While the UGA Challenge Course does not require that all participants have medical insurance, it is highly recommended.**

**The University of Georgia does not carry medical insurance that covers students and will not be responsible for the cost of any medical issues that arise for Challenge Course participants.**

I have read the University of Georgia 2014-2015 Challenge Course No Insurance Addendum. I understand that while the University of Georgia highly recommends that I carry my own medical insurance, it is not a requirement for me to attend the Challenge Course program. I understand that the University of Georgia does not carry medical insurance that covers me.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN  
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME



**UGA Outdoor Recreation  
Challenge Course Waiver**

<b>RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE</b>
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(READ CAREFULLY BEFORE SIGNING)

I, \_\_\_\_\_, hereby acknowledge my awareness that my participation in the University of Georgia Department of Recreational Sports UGA Outdoor Recreation program – Challenge Course for the 2014-2015 Academic Year (August 2014-July 2015), may involve activities which include, but are not limited to, the following: walking; running; jumping; climbing on objects; lifting others and being lifted with team support; being blindfolded; balancing on ropes, wires, poles, and boards; and being supported by a system of seat harnesses, ropes, clips and anchors at heights from ground level to 40 feet in the air. It may also involve training activities which use various types of recreation equipment which include, but are not limited to, the following: tarps, balls, parachutes, ropes, webbing, hula hoops, noodles, harnesses, helmets, crab claws and/or other recreation equipment.

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; injuries from falling objects from structures or trees; foreseen and unforeseen inclement weather; weather-related heat and sun exposure or cold; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; animal and insect bites and stings; high anxiety; concussions; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports Challenge Course for the 2014-2015 Academic Year and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, UGA Outdoor Recreation program, and any participating agency.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned's image and/ or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

**I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.**

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN  
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME