

Georgia Migrant Education Summer Programs Application

Instructions: Please complete the application in one language, English or Spanish. *If applying to more than one program, a separate application for each will need to be submitted. Please check only one below:*

- Middle School Summer Program at Georgia Southern University, **June 2-7, 2024**
- High School Summer Leadership Academy at Valdosta State University, **June 2-9, 2024**
- High School Program at University of Georgia, **June 24-28, 2024**

Please indicate if you have participated in one or more of the summer programs in prior years:

Middle School at GSU Middle School at VSU High School at VSU

DEADLINE FOR ALL APPLICATIONS: APRIL 15, 2024

STUDENT INFORMATION:

Name: _____
First Middle Last

County: _____ Name of School: _____

Date of Birth: _____ Sex: M / F / O Age: _____ Grade: _____ T-Shirt Size: _____

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

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org



If selected, I give permission for _____ (Student's Name) to participate in the following migrant summer program sponsored by Georgia Department of Education ("GaDOE"), Migrant Education Program.:

Emergency Treatment

In case of illness or accident, I request that the staff contact the emergency contact(s) provided on this form. If the emergency contact(s) cannot be reached after a reasonable attempt, I authorize the staff to seek emergency medical care or take other action they believe is necessary to protect the best interest of my student. If my student is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment s/he believes is appropriate, and I agree to pay any resulting expenses.

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

I understand that as a part of this program my student will take part in several different activities which will 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 student. I understand that the risks that my student may encounter include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death, as well as other risks that may not be foreseeable. I voluntarily assume any, and all such risks related to these activities.

TRANSPORTATION. I understand and acknowledge **parents/legal guardians are responsible for taking their student(s) to the university campus on registration day and picking them up on the last day. The GaDOE employees will not provide transportation to or from a university campus.**

CAMP BEHAVIOR. ALL students will be appropriately supervised at all times without exception. The Valdosta State University, University of Georgia, and Georgia Southern University counselors will work with your student to ensure they feel safe and have a positive experience. To help make this the best experience possible, please speak with your student about the importance of following all rules of the Migrant Education Summer program and the instructions and guidelines of the staff and the

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Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



program leaders. I understand and acknowledge that behavior (like fighting, rough play, etc.), threatening or harassment of other students and staff, drugs or weapons will not be tolerated and can result in the dismissal of your student from the camp.

I hereby indemnify and hold harmless GaDOE, the State Board of Education, the State of Georgia, and its employees, officers, directors, agents, assigns, or successors of said parties (collectively referred to as "the State") from all liabilities, rights, claims, damages, and actions for injuries and losses sustained to my student's person or property resulting from, arising out of, or connected in any way with my student's participation in the migrant summer program. Should it become necessary for the State, or someone acting on behalf of the State, to incur attorneys' fees and costs to enforce this release, or any portion thereof, I agree to indemnify and hold the State harmless for such costs and attorneys' fees.

I further indemnify and hold harmless any sponsor or affiliated party, including their employees, officers, members, agents, volunteers, and contractors of the migrant summer program.

By signing below, I certify that I am the parent or legal guardian of the student. I have carefully read the above and agree to allow my student to participate in the Migrant Education Summer Program.

Parent/Legal Guardian Signature

Date



**GEORGIA DEPARTMENT OF EDUCATION
STATE OF GEORGIA COUNTY OF FULTON
MEDIA RELEASE FORM FOR MINORS**

Student's Name: _____ ("Student")

1. In consideration for the opportunity of the student identified above to participate in the Program selected above, I grant to the Georgia Department of Education ("GaDOE"), the producer and owner of the Program:
 - a. The right to photograph, record, and otherwise reproduce the student's image, voice, and/or likeness in connection with the Program in perpetuity.
 - b. All rights of use, ownership, and copyright in such photographs, recordings, and reproductions.
 - c. The right to distribute such photographs, recordings, and reproductions without limitation by any means; and
 - d. The right to use such photographs, recordings, and reproductions and, if necessary, the student's name and biographical information to promote the Program.
2. I understand that neither I, nor the student, 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 student, 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 student 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 student or am otherwise legally authorized to grant this release.

DATE: _____

TELEPHONE: _____

SIGNATURE

PRINT NAME

RELATIONSHIP TO STUDENT



VSU PARTICIPATION AGREEMENT AND WAIVER FORM FOR MINORS

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name _____

Date(s) _____

Location _____

PARTICIPANT INFORMATION

Name _____

Address (include city/state/zip) _____

Phone (____) _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) _____, the parent or legal guardian of the Participant, (Minor Name) _____, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as _____ agree to the following relating to the Program do hereby.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as but are not limited to athletic camps, after school programs, science camps, music camps, enrichment activities, swimming, overnight camps, lifting, crossing streets, parking lots, university transportation and intersections. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks. I am aware that Valdosta State University does not warrant the condition or adequacy of any equipment, premises, vehicle, pools or mode of transportation for any purpose.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify the Valdosta State University, the Board of Regents of the University System of Georgia, its 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 the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the Valdosta State University, 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 understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Board of Regents of the University System of Georgia, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Photograph and Video Release:

I give Valdosta State University and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image, likeness or recording will become part of [the institution's] photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive [the institution] and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that Valdosta State University and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ Yes, I grant permission for my/my child's image, likeness or recording to be used in any form, in which my child is participating.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/ Guardian

Name Printed: _____

Parent/Guardian

Signature: _____

Date: _____

VALDOSTA STATE UNIVERSITY PARTICIPANT CODE OF CONDUCT

Program Name: _____

Participant Name: _____

Parent/Guardian Name (Please Print): _____

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

Expectations of Behavior & Conduct:

1. Participants are expected to be respectful of others. No violence, including sexual abuse or harassment, will be tolerated. Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited.
2. The inappropriate use of cameras, imaging, and digital devices is prohibited, including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
3. The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
4. Use of tobacco products is prohibited on all University property.
5. Misuse or damage of University property is prohibited. Charges will be assessed against those participants who are responsible for damage or misuse of University property.
6. No theft of property, regardless of owner, will be tolerated.
7. The operation of a University motor vehicle by minors is prohibited while attending the program.
8. The parking of staff and participant vehicles must be in accordance with University parking regulations.
9. Rules and procedures governing when and under what circumstances participants may leave University property during the program must be made explicit by the Program Administrator and communicated in writing to program participants, staff and to the Minor Coordinator.
10. Any Authorized Adult or Program Staff or other Mandatory Reporter, who, under Georgia law has reasonable cause to believe that suspected child abuse has occurred, shall immediately report the suspected abuse to the Valdosta State University Police Department and the appropriate supervisor or Program Administrator who is able to take immediate action. (The USG further expects that any other USG employee, whether a Mandatory Reporter or not, will also appropriately report suspected child abuse.) The institution must ensure that the Division of Family and Children Services is

notified of the suspected abuse immediately and in no case later than 24 hours after the Authorized Adult or Program Staff (or other reporter) first had reasonable cause to suspect the abuse.

11. If the Authorized Adult believes that the Program Administrator and/or the Minor Coordinator may be involved in the allegations of assault or abuse, they shall inform University Police directly.

PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program I must comply with the Program’s rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program’s rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

Participant Signature: _____

Date: _____

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of the Program, Valdosta State University and the University System of Georgia. I further understand that my child’s violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child’s dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

Parent/Guardian Signature: _____

Date: _____

Valdosta State University Pick Up Authorization

I. *Personal Information* (please print)

Today's Date: ____/____/____

Participant Name: _____ Age: _____

Parent/Guardian/Name: _____

Home Phone: _____

Cell Phone(s): _____

Work Phone(s): _____

II. *Authorized Pick Up*

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child may be released to the Division of Family and Children Services.

III. *Authorized Dismissal*

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent/Guardian Name (printed)*: _____

*Please note that only the enrolling parent will be permitted to complete this form.

VSU Authorization for Medical Care and Administer Medication

I. Basic Personal Information (please print)

Today's Date: ____/____/____

Child's Name: _____

Age: _____

Parent/Guardian Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: (____) _____ Email: _____

Work Phone Number: (____) _____ Home Phone Number: (____) _____

Height: _____ Weight: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Contact Phone Number(s): (____) _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program? If yes, please explain.

Does your child require any assistance with his or her medications? If so, please explain:

IV. Authorization for Medical Care

I understand that my child is voluntarily participating in a program being held at Valdosta State University. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my child’s mental, physical, or medical condition before the program begins.

I understand that Valdosta State University does **NOT** provide medical insurance for my child and that I should consult my child’s physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program, Valdosta State University and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. 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 child’s participation in such voluntary program.

V. Authorization to Administer Medication

I hereby authorize the program staff to administer my child the below-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use, storage and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

Medications	Dosage	Instructions: Storage, Frequency, duration	Quantity Received	Special Instructions

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Printed Name: _____

Valdosta State University Student Health Center

200 Georgia Avenue
Valdosta, GA 31698

229-333-5886
Fax: 229-249-2791
www.valdosta.edu/health

HEALTH SERVICES TO MINORS CONSENT FORM

Valdosta State University Student Health Center complies with the laws of the State of Georgia when providing health services to minors (persons under age 18). Under the following circumstances a minor can independently consent to receive medical, mental, or other health services:

- if the minor is emancipated, i.e., living away from parents or legal guardian and managing their own finances, regardless of income source (international minor students have emancipated status);
- if a minor is married or have given birth to a child; or
- if a minor requires services to determine the presence of pregnancy and conditions associated therewith, venereal disease.

Minors not meeting the above criteria require parental/guardian authorization for health services except when emergency care is required, i.e., the risk to life or health is of such a nature that treatment should be given without delay, and the requirement of consent would result in delay or denial of treatment.

Valdosta State University Student Health Center staff may inform a minor's parents or legal guardian of treatment provided or care needed where, in the professional's judgment, failure to inform the parents or guardian would seriously jeopardize a minor's health.

I authorize that in the event of an illness or injury, medical or hospital care be provided to _____.

I further authorize each of the following:

- A. I grant permission to the Valdosta State University Student Health Center health care provider to employ such diagnostic procedures and medical treatment, or mental health counseling as deemed necessary.
- B. I authorize the Valdosta State University Student Health Center to release medical records information to the appropriate health insurance carrier in order to process claims.
- C. I understand that I am financially responsible for charges not covered or paid by student fees or insurance and hereby guarantee full payment to Valdosta State University Student Health Center. I agree that services will be paid for at the time of service unless I am covered by Student Service Fees or a health plan that includes Valdosta State University Student Health Center as a participating provider.

A REPRODUCTION OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL.

Name of Parent or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Signature of Parent or Guardian: _____ Date: _____

For Emancipated Minor:

Circumstances allow me to consent to my own treatment and health services.

Signature of Emancipated Minor: _____ Date: _____

VSU Student Health Services Use Only:

Witnesses: _____ Date: _____

_____ Date: _____



**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.

Signature: _____

Printed Name: _____

Parent 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.

I have received a copy of this document and I certify that I am years ____ of age and am suffering under no 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: _____

Parent Signature: _____

Parent Printed Name: _____

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 afore-mentioned 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. 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.

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: _____