

## Participation Agreement and Waiver Form

### PROGRAM/ACTIVITY INFORMATION

Program/Activity Name \_\_\_\_\_

Date(s) \_\_\_\_\_

Location \_\_\_\_\_

### PARTICIPANT INFORMATION

Name \_\_\_\_\_

Address (include city/state/zip) \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

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

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

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(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as Lifting, crossing streets, parking lots 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.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify Augusta 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 Augusta 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 said Board, its members, officers, agents, and employees.

I understand that as a state agency, Augusta University is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

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.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_