AUGUSTA
UNIVERSITY

PARTICIPATION WAIVER AND RELEASE

I hereby consent to participate in the following activity: **2019 Summer Leadership Experience.**

I assume all risks and hazards incidental to my participation, and agree that any activity therein is purely voluntary. I agree to abide by the rules and regulations established by the Board of Regents of the University System of Georgia (BOR), Augusta University (AU). If I violate any policy or guideline or my participation in the Program is at any time deemed detrimental to the Program or any other participants, as determined by BOR/AU in its sole discretion, I fully understand that I may be removed from the Program without the BOR/ AU incurring any liability.

I recognize that by participating in this and other activities, as with any activity involving motor vehicle transportation, I may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In consideration of the BOR and AU permitting me to participate in this activity, I (including my parents, guardians, heirs, and legal representatives) agree to defend, release, hold harmless, and forever discharge BOR/AU, its employees, officers, volunteers, and agents, from any claim that I might have with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this event and transportation.

I give the BOR/AU my permission to use information about me and any video, website, photograph or other likeness of me in any promotional materials or publications developed, published or otherwise distributed by the BOR/AU.

I further agree that, for the consideration stated above that I will not sue BOR/AU its employees, officers, volunteers, and agents for any claim for damages arising or growing out of my participation in this activity.

I have read this entire Waiver and Liability Release agreement, fully understand it, and agree to be legally bound by its terms.

_____	_____	_____
Student's Name (Print)	Student's Signature	Date
_____	_____	_____
Parent or Guardian name (Print) (If student is under the age of 18)	Parent or Guardian Signature	Date