

VSU Participation Agreement and Waiver Form (Minor participant)

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 of the right to participate in the event or program described above (the Program), the receipt and sufficiency of such consideration being hereby acknowledged, do hereby agree to the following relating to the Program.

I fully and voluntarily consent to the Participant's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose the Participant to risk of property damage, bodily or personal injury. Participation could include certain physical activities including but not limited to athletic camps, after school programs, science camps, music camps, enrichment activities, swimming, lifting, crossing streets, parking lots and intersections. I understand that the risks that the Participant 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, and death. I knowingly and freely assume any and all such risks.

Injury, Illness, and Medication Protocols:

- Prior to the beginning of the program, the Minor Coordinator shall arrange access to emergency medical services through the University Health Services, South Georgia Medical Center or other provider as appropriate for the size and complexity of the program, upon request of the Program Administrator.
- Medical care appropriate for the nature of the events, expected attendance and other variables should be discussed with the Director of University Health Services.
- Valdosta State University does not provide medical insurance to cover medical care for the minor.
- For sudden onset illness, participants should be seen by the on-duty staff during regular business hours of the University Health Center for triage and further medical care as appropriate.

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.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

