

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, “Release”) made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, “Releasor,” “I” or “me”, which terms shall also include Releasor’s parents or guardian, if Releasor is under 18 years of age) to Columbus State University (“CSU”) and the Board of Regents of the University System of Georgia, to participate in the **[CAMP NAME]** camp/conference hereinafter known as “Event”.

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the Event at CSU. I have been informed that the Event could participate in some inherently dangerous activities. In consideration of my participation in the Event, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the CSU, the Board of Regents of the University System of Georgia, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, while participating in anything sponsored by, or put on by the Event. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge CSU, the Board of Regents for the University System of Georgia, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my participation in the Event.

I expressly agree to indemnify and hold CSU and the Board of Regents of the University System of Georgia harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I understand and agree that neither CSU, nor the Board of Regents for the University System of Georgia, is not responsible for property that is lost, stolen, or damaged while participating in, or traveling to or from, anything related to the Event.

I expressly agree to indemnify and hold harmless CSU and the Board of Regents of the University System of Georgia from any and all claims arising out of any injury occurred while using any property procured by the Event, whether bought, leased, or rented, during Event.

Authorization to Use Image or Photograph

Columbus State has frequent occasion to illustrate and explain its program and activities for volunteer/participant recruitment, fund-raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs and/or video of our friends/participants. By signing this waiver I give CSU and the Board of Regents permission to use my image in any of these materials deemed necessary for the sole purpose of marketing and promotion of the school/future event. However, we would never intentionally offend our friends/supporters by doing these things without their understanding and consent. Should you feel uncomfortable allowing us to use you or your child’s image in our promotional material, please check the box below.

**This is completely voluntary and will not affect your allowance to participate in the program.)*

- I would like to opt out of using my image or my child's image in marketing/promotional material for CSU and/or the University System of Georgia's Board of Regents.

Authorization to Release Participant Information

Please select one or two individuals that are allowed to receive information about the Event participant. These two people will be the only ones allowed to receive any information from CSU about the participant.

Contact 1:

Name:

Primary Phone: _____

Secondary Phone: _____

Relationship to Participant: _____

Contact 2:

Name:

Primary Phone: _____

Secondary Phone: _____

Relationship to Participant: _____

I HAVE READ THE FOREGOING RELEASE AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Participant Name (Print): _____ Date: ____/____/2016

Parent/Guardian Name: If participant is under the age of 18 (Print): _____

Parent/Guardian/Participant Signature: _____

**The Parent/Guardian must sign here if the participant is under the age of 18 years old.*

Medical Release Form

Participant Information

In some situations a participant, especially a minor child, cannot receive emergency medical care without having written authorization to do so. To avoid any unnecessary delay, this medical release form must be completed and signed. This form is mandatory for any person staying on CSUs campus. Please fill in participant information below:

Name: _____
SSN: _____
DOB: _____
Ins. Co: _____
Policy #: _____
Member #: _____

Primary Contact in Case of Emergency

Name: _____
Phone: _____
Cell: _____
Relationship: _____

Secondary Contact in Case of Emergency

Name: _____
Phone: _____
Cell: _____
Relationship: _____

Medical Questionnaire

Latex Allergy: Yes No

Food Allergy: Yes No

What foods?

Insect Allergy: Yes No

Asthma: Yes No

Inhaler?

Yes No

Can the use of an inhaler be used independently?

Yes No

Heart defect/ disease, high blood pressure: Yes No

Diabetes: Yes No

Seizures/Epilepsy/Fainting Spells: Yes No

Date of last seizure:

Medical History

Medical History: _____

Allergies: _____

Glasses/Contacts: _____

Medications: _____

Description of any visual impairment and acuity: _____

Additional Information

Medical and/or Safety Concerns: _____

Special Needs or Tips (Please provide information needed to facilitate a successful camp experience): _____

Medical Release

In case of injury or illness, CSU is authorized to provide or obtain emergency medical care for myself or my child to include providing emergency transportation. I agree to bear all costs of emergency services provided to my child. I have read and agree to this release.

Signature

Date

Printed Name