



Originally Issued: August 20, 2018

Reviewed: October 15, 2020

Reviewed: September 30, 2022

## GENERAL RELEASE AND WAIVER OF LIABILITY FOR MINORS

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**Participant Name:**

**Date of Birth:**

**Rising Grade:**

**Activity/Event:**

This is a legally binding document relating to a release of liability made voluntarily by me, the undersigned, on my own behalf; on the behalf of my heirs, executors, administrators, legal representatives, and assigns; and also, if I am a parent or guardian of the above-named Participant who is a minor, for, concerning and on behalf of that above-named Participant, to Athens State University, its officers, agents, employees, volunteers, and other representatives (collectively referred to herein as the "University").

The above-named Participant is participating in activities related to the above-named activity or event (the "Activities"), and such activity or event is either (i) sponsored by the University, or (ii) sponsored by a third-party group, organization or entity and hosted at one or more University facility(ies).

In consideration of the above-named Participant being permitted to participate in one or more of the Activities, I, individually (for myself, my heirs, executors, guardians, legal representatives, administrators, successors and assigns) and, as parent, ward, and/or legal guardian, on behalf of said Participant, do hereby release, acquit, forever discharge, indemnify and hold harmless Athens State University, its departments, its employees, agents, officers, volunteers, sponsors, successors in interest, and divisions from, for and against any and all actions, losses, damages and/or claims for all types of injuries, damages, costs, and compensation, that now exist or may hereafter arise involving, arising from or relating in any way to the Participant's participation in the Activities.

I am allowing the Participant to voluntarily participate in the Activities with knowledge of the dangers involved and I agree to accept any and all risks of injury. I, for myself and on behalf of the Participant, agree to accept all responsibility for the risks, conditions and hazards associated with the Activities which may occur whether they now be known or unknown. On behalf of myself and the Child, I know and understand that participation in the Activities can involve a risk of personal injury.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participating in the Activities. I authorize program staff to



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secure any licensed hospital, physician, medical personnel and/or treatment deemed necessary for the Participant's immediate care.

I understand the acceptance of this release and waiver of liability by the University shall not constitute a waiver in whole or in part of sovereign immunity by the University, its officers, agents, employees, and any others who might obtain such immunity. I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for the entire duration of the Activities.

On behalf of myself and the Participant, I have fully read and understand this document and all of its terms. I understand that this acknowledgment and assumption may affect legal claims for damages. I am aware that this is a release of liability and a contract between myself (on behalf of myself and the Participant) and Athens State University, and I have signed it of my own free will.

#### PHOTO PERMISSION

Athens State University campuses are public areas. As public places, the University is permitted to take photographs and other media of individuals on its campus and/or other sites, including but not limited to outdoor areas, classrooms, athletic fields, and at University events without permission of individuals who appear in the photographs. The photograph may be used by the University in any reasonable manner including but not limited to print media, advertisement, or website. Names will not be included with images at any time.

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SIGNATURE

DATE

PRINT NAME OF PARENT/GUARDIAN (if student is under 19 years of age)

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SIGNATURE OF PARENT/GUARDIAN (if student is under 19 years of age)

DATE



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**PARTICIPANT**

NAME:

ADDRESS:

PHONE:

CELL PHONE:

**IN CASE OF EMERGENCY NOTIFY:**

NAME:

ADDRESS:

PHONE:

CELL PHONE: