

GEORGIA STATE UNIVERSITY

PARTICIPATION AGREEMENT AND WAIVER

Program Name: _____

Date(s) of Program: _____

Participant Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Phone Number:** _____

Assumption of Risk:

I am the parent or legal guardian of the Participant, and allow participation in a Georgia State University Program (the "Program"), facilitated by Georgia State University and its employees and authorized representatives (the "University"). This Program is purely voluntary. As such, **I agree to assume all risk on behalf of the Participant.** I acknowledge that the Program involves risks such as accidents, illness, injuries, crime, inclement weather, and other hazards arising from a wide variety of events and circumstances that cannot be enumerated. I voluntarily assume all such risk.

Waiver and Indemnification:

I agree to waive, release, covenant not to sue, forever discharge and hold the University harmless from any and all claims, demands, and causes of action arising out of participation in the Program or related medical care. This waiver also applies to any heirs, executors and assigns. Further, I agree to defend, indemnify and hold the University harmless from any and all claims, demands and causes of action arising out of the Participant's actions while participating in the Program.

University Limitation of Liability:

I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any circumstances beyond the control of the University, including:

- sickness, disease, accidents, injuries (including death), theft of/damage to property, crime, weather, acts of God;
- damage or injury of any kind in connection with accommodations, transportation, or other services; or
- for any additional expense related to any of the foregoing.

Deadlines, Refund Policy and Code of Conduct:

- I agree to abide by all deadlines for payment and/or submission of materials for the Program. I agree that my child may be refused and my fees might not be refunded if I miss these deadlines. I agree that my fees (if applicable) might not be refunded if I withdraw my child from the Program.
- I acknowledge that my child will be subject to the rules and standards of conduct of the Program and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses.

Optional Photography Release:

I give the University permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of Participant during participation in the Program, as well as any written testimonials I or Participant provide regarding the Program.

INITIAL HERE ONLY IF YOU DO **NOT** AGREE TO PHOTOGRAPHY RELEASE: _____

Agreement:

I agree to the terms and conditions of this document.



Signature of Parent/Guardian: _____

Date: _____