

## **Facility Reservation Request**

Date Submitted:		ed:			Time Sul	omitted:		
Primai	ry Conta	ct:						
Email Address:		ss:						
Phon	e Numb	er:						
Purpose of Reservation:		on:						
		1	Date ar	nd Time R	equested			
Start Date: Start T				art Time:				
End Date:				E	ind Time:			
Every week on	(circle da	ays): Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			Loca	ntion Requ	uested			
Group Ex Studio		Court 1	Cour	t 2	Court 3	Climbing	Wall*	Classroom
Memorial Hall Pool*		Rec Fields (All) *	Rec Fields* Number of Fields Requested:			1	1	
			Rese	rvation Gui	delines			
		ust be submitted				-		-
_		requests that re	-	-				general, the entire
		-					_	rive to keep at least
·				_			•	ation & Wellness at
rec.sports@ung.e	edu for qu	uestions and pric	ing as locatio	ns denoted wi	th an * may ha	ve a fee ass	ociated with	reserving them.
			Intent of Us	se for Recr	eation Cente	er		
			=	-	-	-		, fitness, intramural
and sport club or	-				-	-		
Department have all individuals. O	-	=	=		=	-		n in order to protect
			•			•		ion Center is not
intended for non					-	-		
		stor Signature					Dat	te
	Univ	ersity of North	Georgia: As	sumption of	Risk and Ins	urance Cer	tification	

(Read Carefully Before Signing)

Many recreational activities and programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that University of North Georgia does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs will be required to sign the attached **Release**, **Waiver of Liability and Covenant Not to Sue** form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

## Release, Waiver of Liability, and Covenant Not to Sue

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of University of North Georgia allowing the undersigned to participate in voluntary recreational programs or athletic activities, and in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the I institution, the undersigned participant does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment or employment at the institution.

I understand the photograph (s) or video or audio recording (s) taken of me by agents, employees or representatives of the University of North Georgia (hereinafter called "the University") may be used in connection with the University's communication and marketing activities or other information services.

I hereby irrevocably authorize the University to copy, exhibit, publish, or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing the University or its programs and centers or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes if action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I accept and assume all risks, hazards and dangers involved in such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities. I certify that I am at least 18 years of age and suffering from no legal disabilities.

Instructor Signature*	Date						
If you need this document in an alternate format for accessibility purposes (such as Braille, large print, audio, etc.), please contact Lesli Gray at Lesli.Gray@ung.edu or 706-864.1622							
Rec Sports Use Only							

Date

**Approval Signature**