

Participant Name: \_\_\_\_\_ Course or Activity: \_\_\_\_\_

**STATEMENT OF RESPONSIBILITY AND WAIVER**

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the Board of Regents of the University System of Georgia and its institutions, University of North Georgia (hereinafter referred to as “UNG”).

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risk. The undersigned hereby agrees that for the sole consideration of UNG allowing my participation in the above named activity for which or in connection with which the university has made available any equipment, facilities, grounds, or personnel for such programs or activities, the undersigned does hereby release and forever discharge UNG and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injury, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

I certify that the above named participant is physically fit to participate in University of North Georgia Continuing Education Programs. I am aware of the inherent risks of participation in this activity, and I further state that the Board of Regents, UNG, and its staff will not be held liable for accident or injury, including preexisting illnesses or injuries as a direct or indirect result of participation in camp activities.

Transportation of participants to various sites may require transportation arranged by or on behalf of UNG. Transportation may include vehicles such as buses, vans, and golf carts. I understand that these vehicles may not have seat belts. I agree that, even if the vehicles have seat belts, UNG is not responsible for the proper use of such seat belts. I understand that transportation involves an inherent risk of physical 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 participation in UNG activities. I authorize program staff to secure any licensed hospital, physician, ambulance, and/or medical personnel for treatment deemed necessary for the participant’s immediate care.

By the execution of this agreement, I agree that this release includes physical injury, death, property damage, or emotional harm caused by negligence of the employees, agents, officials and trustees of UNG when the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. I agree that this release does not include willful misconduct by UNG and their agents, employees, officials and trustees; however UNG is not liable for the criminal acts of third parties. Should UNG or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold UNG, and anyone acting on their behalf, harmless for such fees and costs. I accept and assume all risks, hazards, and dangers involved in UNG activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs. **It is strongly advised that participants seek approval from a physician before undertaking any type of physical activity.**

I have read the above carefully before signing and agree to be bound by its terms. Further, I understand that this agreement covers all UNG Programs attended by the participant in this current year.

\_\_\_\_\_  
Participant or if under 18 Parent/Legal Guardian Signature Date

**Photography Permission**

I give permission to use this participant’s likeness in either photographic or taped promotional materials.

\_\_\_\_\_  
Participant or if under 18 Parent/Legal Guardian Signature Date

**All persons registered for courses involving any participation by a person under 18 years of age and/or any physical activity or overnight stay must sign and return this form before you can participate. Please sign and return the form to the Division of Continuing Education or give it to the instructor at the first class. You will not be able to take part in the class until we have received a signed form. No refunds will be given for failure to return the signed form.**

**Student Code of Conduct**

Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct on the UNG Campus, or at any activity, function, or event sponsored or supervised by UNG, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property.
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being, health, or safety of any individual.

\*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

*We, the participant and parent/guardian, understand and agree to abide by the North Georgia Code of Conduct. We acknowledge that we are fully aware of the consequences resulting from the violation of any of the guidelines.*

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature (if Participant is under the age of 18)

\_\_\_\_\_  
Date

**Medical Information**

**It is strongly advised that participants seek approval from a physician before undertaking any type of physical activity. If you have medications or medical issues that need to be addressed during a class, please notify the CE staff, camp manager, or camp instructor 2 weeks prior to the class or camp.**

**Emergency Contact Person**

Name of emergency contact person (s)  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

