

## **APPENDIX A**

### **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 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 occurring 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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.*

# 2016 Camper 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 \_\_\_\_\_