



NAME OF ACTIVITY:

LOCATION:

TIME PERIOD*:

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Columbus State University allowing the undersigned to participate 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 Columbus State University and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from 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 injuries, damage to property, and the consequence thereof, resulting from my participation in or in any way connected with the above named activity.

I understand that as a student I am not covered under the general liability insurance of Columbus State University, or any other insurance that is provided to the University by the State of Georgia.

I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part of sovereign immunity by said Board, its members, officers, agents, and employees.

I understand and acknowledge that Columbus State University assumes no responsibility of liability when travel takes place in a private (non-CSU vehicle). I further acknowledge that it is my responsibility to verify that the driver has a valid driver's license and that insurance coverage is current, and that it is my choice to ride in said vehicle.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time listed above.

Signature

Date

Printed Name

Please complete the emergency contact information on the reverse.

**Time period may be a date, month, or academic semester but must be updated each academic semester.*

EMERGENCY CONTACT & OPTIONAL MEDICAL INFORMATION

Students are responsible for notifying faculty/staff if any of the information below changes prior to the trip and maintaining updated contact information in My CSU.

Your Name:

Street Address:

City, State, Zip Code:

Phone:

Emergency Contact:

Street Address:

City, State, Zip Code:

Phone:

OPTIONAL MEDICAL INFORMATION

Known allergies and medical conditions:

Current medications:

Any other information that would be helpful to assist you in case of an emergency: