

Columbus State University

GENERAL RELEASE AND WAIVER OF LIABILITY

Participant Name: _____

Event _____

Date(s) _____

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 CSU Athletic Fund and Columbus State University by and on behalf of the Board of Regents of the University System of Georgia, their insurers, employees, officers, directors, and associates (hereinafter collectively referred to as "Releasees").

The undersigned hereby acknowledges that participation in program activities involves inherent risk of physical injury and assumes all such risks. I understand that some of the activities may involve unlevelled ground, heat, humidity, rigorous physical activity and contact with allergens, plants and animals. As the university has made available equipment, facilities, grounds or personnel for such programs or activities, the undersigned understands that participation in athletic programs activities does hereby release and forever discharge the Releasees from 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 injuries, damage to property, and the consequence thereof, resulting from participation in the Event.

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 such activities. In an emergency, 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 Releasees 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 the Releasees. Should the Releasees 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 Releasees, and anyone acting on their behalf, harmless for such fees and costs.

I have read the above carefully before signing and agree to be bound by its terms. Further, I understand that this agreement covers all athletic programs attended by the participant.

Participant Signature

Participant (please print name)

Date

Phone Number

Parent/Guardian/Participant Signature: _____

****The Parent/Guardian must sign here if the participant is under the age of 18 years old***