

COLUMBUS STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY

NAME OF ACTIVITY: _____ BEGIN DATE: _____

LOCATION: _____ END DATE: _____

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 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.

_____ Known allergies, current medications and medical conditions listed on reverse of this form. (OPTIONAL)

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 for the dates listed above.

Signature Date

_____ Travel in CSU vehicle
_____ Travel in private vehicle

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 knowlege 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.

Signed: _____ Date: _____

=====

(Please Print)

YOUR INFORMATION

IN CASE OF EMERGENCY NOTIFY

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

MEDICAL INFORMATION:

(OPTIONAL)

KNOWN ALLERGIES AND MEDICAL CONDITIONS:

CURRENT MEDICATIONS:

ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO ASSIST YOU IN CASE OF AN EMERGENCY:
