

# Valdosta State University Wellness Committee Centennial Walking Club

## **Release, Waiver of Liability and Covenant Not to Sue Form**

I hereby acknowledge my awareness that my participation in the Centennial Walking Club may subject me to the risk of bodily injury or property damage and I hereby assume any and all such risk.

For sole consideration of Valdosta State University allowing me to participate in this Program, I hereby release and forever discharge Valdosta State University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of actions of whatever kind that I may have arising from or in any way connected with my participation in the Program, absent gross negligence on behalf of Valdosta State University. I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue 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 the Board of Regents of the University System of Georgia, to its members, officers, agents and employees. I certify that I have read and understand the above.

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Signature

Printed Name

Date

*Please mail this to Regina Lee in Employee and Organizational Development.*