



**Notice to all Persons Participating
In Athletic or Recreational Activities
Assumption of Risk and Insurance Certification
(Please Read Carefully Before Signing)**



Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations and training.

The undersigned acknowledges that Valdosta State University does not warrant or guarantee in any respect the competency, mental, or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity.

All participants in voluntary recreational activities and athletic programs will be required to sign the attached Release, Waiver of Liability and Covenant Not to Sue, form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards and dangers involved in any such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities.

Signature: _____ Printed Name: _____

**Release, Waiver of Liability and Covenant Not To Sue
(Please Read Carefully Before Signing)**

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the consideration of Valdosta State University allowing the undersigned to participate in voluntary recreational programs or athletic activities and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participate does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of activity of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, employees, or volunteers for any claim for damages arising or growth out of my voluntary participation in recreational programs or athletic activities.

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

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the entire period of my enrollment or employment at the institution.

I have received a copy of this document and I certify that I am ____ years of age and am suffering under no legal disabilities and that I have read the above carefully before signing.

This ____ day of _____, 20____. Student ID #: _____

Signature: _____ Printed Name: _____

Witness: _____