



CONTINUING EDUCATION
COLUMBUS STATE
UNIVERSITY
706.507.8070

SUMMER CAMP RELEASE AND WAIVER OF LIABILITY

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 Board of Regents of the University System of Georgia and its institutions, Columbus State University (hereinafter "CSU").

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 CSU 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 CSU 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.

In an emergency, 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 this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge CSU, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

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 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.

STUDENT CODE OF CONDUCT

Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct on the CSU Campus, or at any activity, function, or event sponsored or supervised by CSU, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property.
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being health or safety of any individual.

Consequences include, but are not limited to, time out, notifying parents, and removal from the program for the safety and well-being of other campers.

*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

PARTICIPANT NAME: _____ **DATE OF BIRTH** _____

DATES ATTENDING _____

Parent/Guardian
Initial

RELEASE AND WAIVER OF LIABILITY

I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

BEHAVIOR CONTRACT

We, the participant and the parent/guardian, understand and agree to abide by the CSU Code of Conduct. I acknowledge that we are fully aware of the consequences resulting from the violation of any of the guidelines and agree to comply with the Code of Conduct.

PHOTOGRAPHY PERMISSION

We give permission to use this participant's likeness in either photographic or video taped promotional materials.

CAMP T-SHIRT (For other summer activity sports and math collaborative camps only)

Youth Sizes

Adult Sizes

SM (5-6) MED (8-10) LG (12-14)

SM MED LG X-LG XX-LG

EMERGENCY CONTACT PERSON

Name of emergency contact person(s) authorized to pick up participant (in case a parent/guardian is unavailable)

Name

Day phone

Name

Day phone

TREATMENT AUTHORIZATION AND PERMISSION

I authorize CSU staff to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance.

1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

2) Does the participant take any medication on a regular basis? YES NO

Will that medication need to be administered during program hours? YES NO

If yes, list medications and directions for taking the medicine.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

****Please return to Continuing Education****