

COLLEGE OF COASTAL GEORGIA

Assumption of Risk for Activities Involving Physical Activity at Community Service or Recreational/Athletic Events

Assumption of Risk and Insurance Certification

Many recreational, community service, academic, travel programs, and athletic activities 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 heat 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, preparation and training.

The undersigned acknowledges that the College of Coastal Georgia does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any travel programs, athletic or recreational activity. All participants in voluntary travel programs, recreational activities, and athletic programs will be required to sign the Release; Waiver Liability and Covenant Not to Sue form below.

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 travel programs, 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 activity in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities.

(Print Name Here)

(Signature)

Release, Waiver of Liability and Covenant Not to Sue

The undersigned hereby acknowledges that participation in travel programs, athletic programs, and recreational activities involves an inherent of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the College of Coastal Georgia allowing the undersigned to participate in voluntary travel programs, 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 trip coordination, equipment, facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release, covenant not to sue, and forever discharge the Institution and the Board of Regents of the University System of Georgia, , from any rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen, bodily and personal injury, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such travel programs, recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above, I will not sue the Institution, Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing of my voluntary participation in travel programs, 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 any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

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

I have received a copy of this document, and I certify that I am 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Date _____ Student ID Number _____

Print Name _____ Signature _____

Course Title & Number or Sponsoring Organization _____

Instructor's/Advisor's Signature _____

CCGA Waiver of Liability and Assumption of Risk for Study Abroad Trips

I hereby acknowledge my awareness that my participation in the _____ trip may expose me to risk of property loss or damage and bodily or personal injury, including death. I agree to release and forever discharge the institution through which I am registering for the program, College of Coastal Georgia, and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the CCGA Study Abroad Program.

I hereby agree to maintain accident and health insurance in force and effect for the entire duration of my participation in the study abroad program. I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study. Any medical or health-related problems have been explicitly described in this application.

I further agree that I shall be subject to the supervision and authority of the faculty in charge and to standards of conduct stipulated by the faculty in charge. I further acknowledge that the supervising faculty or program director has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action. Finally, I authorize the supervising faculty or program director to obtain and provide medical treatment and/or services that I may require during the study abroad program.

I understand that the risks that I may encounter include airplane crashes, motor vehicle accidents, terrorist incidents, political unrest, strikes, sickness and criminal acts, as well as other risks that may not be foreseeable. I hereby assume any and all such risks.

I have received a copy of this document, and I certify that I am 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Date _____ Student ID Number _____

Print Name _____ Signature _____

Course Title & Number or Sponsoring Organization _____

Instructor's/Advisor's Signature _____