

**NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL, AND ADVENTURE PROGRAMS,
WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY
DAMAGE**

ASSUMPTION OF RISK AND INSURANCE CERTIFICATION
(READ CAREFULLY BEFORE SIGNING)

ACTIVITY _____ DATE OF EVENT _____

Many programs, activities and workshops involve substantial risks of 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 the activity named above 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 the University of North 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 athletic, recreational, or other activity. All participants in voluntary recreational/physical activities and field trips will be required to sign this **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 this voluntary recreational/physical activity or field trip. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

INITIAL _____ DATE _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in recreational/athletic activities, field trips, and community and service learning activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the University of North Georgia allowing the undersigned to participate in these types of voluntary recreational/athletic programs and field trips 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 participant 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 action 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, athletic activities and field trips.

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 and employees for any claim for damages arising or growing out of my voluntary participation in recreational/athletic activities or field trips.

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 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 my enrollment or employment at the institution.

I can receive a copy of this **Notice and Document**, which I have read and understood, at my request. I accept and assume all risks, hazards and dangers involved in this activity, including the training, preparation for and travel to and from the site of the activity. I certify that I am _____ years of age and suffering no legal disabilities.

This _____ day of _____ Year _____ Student ID Number: _____

Print Name _____

Signature _____

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.) please contact Dr. Benjamin Schoening, music@ung.edu, 706-867-4466.