



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME: _____

EVENT DATE: _____

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Release or, 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, Abraham Baldwin Agricultural College (hereinafter "ABAC").

The undersigned hereby acknowledges that participation in the above named event involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of ABAC allowing the undersigned to participate in this event for which or in connection with which the college has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge ABAC 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 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 ABAC, 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.

Signature

Date

Signature of parent/guardian (if under 18): _____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____