

Please complete and return this form to:

Public Service & Business Outreach Center
ABAC 12, 2802 Moore Highway
Tifton, GA 31793

Abraham Baldwin Agricultural College

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in certain department programs involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Abraham Baldwin Agricultural College allowing the undersigned to participate in these programs and in connection therewith, Abraham Baldwin Agricultural College and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees 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 consequences thereof, resulting from my participation in or in any way connected with such programs.

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 one year from this date.

Name

Program Title

Participant's Signature (or Parent's signature
if registrant is under 18 years of age.)

Date

Please attach a copy of student's driving permit and provide proof of parent automobile insurance to this form.

MEDICAL INFORMATION

Allergies (1) _____ (2) _____

Medication for Allergies (1) _____ (2) _____

In case of accident, may college personnel transport registrant to emergency room? Yes ___ No ___

Does registrant have insurance coverage? Yes ___ No ___

If yes, what is the name of the insurance company? _____

Other pertinent medical information: _____
