

# Children's Program Waivers

## RELEASE AND WAIVER OF LIABILITY (Read Carefully Before Signing)

The undersigned hereby acknowledges that participation in these activities involves an inherent risk of physical injury and by the execution of this release hereby assumes all such risks. The undersigned further agrees that for the sole consideration of Valdosta State University, allowing the named child to participate in day camp for which the University has made available equipment, facilities, grounds and personnel for such courses to the named child participating in day camp, the undersigned hereby releases and forever discharges Valdosta State University and the Board of Regents of the University System of Georgia, its members officially and 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, damages to property, and the consequences thereof, resulting from the named child's participation in or in any way connected with summer camp. 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 nor be construed as a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS RELEASE BEFORE

SIGNING NAME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Participating Student

## USE of PHOTOGRAPHS AGREEMENT and RELEASE

For sole consideration of being permitted to participate in the Continuing Education Program I, the undersigned, agree to provide Valdosta State University with the absolute right and unrestricted permission to copyright and/or use, and/or publish photographs/pictures of my child or children, still, single, multiple or moving, in whole or in part made in conjunction with my child's or children's activities associated with Continuing Education.

I waive any right that I may have to inspect and approve the photographs/pictures. I further agree and understand that the photographs/pictures may be reproduced in publications of Valdosta State University as well as publications associated with Valdosta State University's Continuing Education program. It is agreed and understood that the photographs/pictures will be utilized with the intent to advertise the existence and activities of the Continuing Education program.

I hereby release and forever discharge Valdosta State University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of actions of whatever kind that its officers, trustees, agents and employees (current and former) from and against any and all claims, demands, and actions or causes of action, claims for attorney's fees whatever kind or nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative (s), dependents, or otherwise, arising from the use of photographs/pictures of my child or children in connection with his/her/their activities at Valdosta State University.

I affirm that the only consideration for signing this Agreement are the above stated terms, that no other promise or agreement of any kind has been made to or with me by any persons or entity whomsoever to cause me to execute this Agreement, and that I fully understand the meaning and intent of this Agreement, including, but not limited to its final and binding effect. I further state that I have read carefully this "Use of Photo- graphs Agreement and Release"; know and understand its contents;

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Use of Photographs Agreement and Release by reading it before I signed it, and that I understand it and that I sign this document freely and voluntarily, no oral representation, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and I am the parent of the child listed below and that I execute this Release for full, adequate consideration fully intending to be bound by the same.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date