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

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of NGCSU (the institution) allowing the undersigned to participate in voluntary 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 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 demands, rights and causes of action 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 any voluntary participation in or in any way connected with such recreational programs and athletic activities.

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, or employees for any claim for damaging arising or growing out of my voluntary participation in recreational programs and athletic activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution of 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 my enrollment or employment at the Institution.

I have received a copy of this document; and I certify my year of birth is _____, that I am suffering no legal disabilities, and that I have read the above carefully before signing.

This _____ day of _____, 20___.

_____
Name of Participant (Please Print)

_____
Signature of Participant, or Parent or Guardian
(If under age 18)