

**Valdosta State University  
Athletic Department  
Release and Waiver of Liability and Indemnity Agreement**

**(Name of Camp)** \_\_\_\_\_

By my signature below, I hereby give permission for my child **(Name)** \_\_\_\_\_ **(Date of Birth)** \_\_\_\_\_  
**(Child's Social Security Number)** \_\_\_\_\_ to participate in Valdosta State University's CAMP to be held at Valdosta State University, Valdosta, Georgia in 2008 on **(Camp Dates)** \_\_\_\_\_. I have been informed of the activities offered at CAMP including but not limited to running, and practicing skills related to the sport/activity of **FOOTBALL**.

During this CAMP, I hereby acknowledge and understand, that my Child may be subjected to the following inherent risks, including but not limited to property damage; bodily injury, including death, injury from falls, including sprains, strains, limb breakage and other unforeseen injuries. I hereby assume any and all such risks on behalf of my Child.

Knowing the dangers, hazards, and risks of such activities, and for sole consideration of my Child being permitted to attend and participate in the CAMP and activities as noted above, on behalf of my Child, myself, my family, heirs, personal representatives, I, as the undersigned parent/legal guardian of Child, agree to assume all the risks and responsibilities surrounding my Child's participation in the activities and except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of Valdosta State University, I hereby release, waive, forever discharge, and covenant not to sue Valdosta State University, the Board of Regents of the University System of Georgia, their members individually, and officially, their officers, trustees, agents and employees (current and former) from any and all claims, demands, rights, claims for attorney's fees, and causes of actions of whatever kind and 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 my Child's participation in connection with his/her activities at and through Valdosta State University.

Also, for the sole consideration of my Child's participation in the CAMP as outlined above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Valdosta State University.

**I understand and agree that Valdosta State University does not have medical personnel available at the location of the CAMP and associated activities. I grant my permission for Valdosta State University to authorize emergency medical treatment at an emergency care facility if necessary, and that such action by Valdosta State University shall be subject to the terms of this Release Agreement. I understand and agree that Valdosta State University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. Further, I assume personal and financial responsibility for any such medical care and treatment.**

I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia and Valdosta State University 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.

This agreement represents my complete understanding with Valdosta State University concerning Valdosta State University's responsibility and liability for my participation in the CAMP, and supersedes any previous or contemporaneous understandings I may have had with Valdosta State University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

I hereby certify that I am eighteen (18) years of age or older and suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and of my own free will.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sworn to and subscribed before me this** \_\_\_\_\_  
**Day of** \_\_\_\_\_, 2008 **Notary Public**  
**My Commission Expires:** \_\_\_\_\_

In case of an emergency, I may be reached at this address and phone number:

Address/City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

My Child's Health Insurer is: \_\_\_\_\_

Company Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group: \_\_\_\_\_