

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release") made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to Columbus State University ("CSU") and the Board of Regents of the University System of Georgia, to participate in **Columbus State University's Art Education Learning Lab** hereinafter known as "Event".

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the Event at CSU. I have been informed that the Event could participate in some inherently dangerous activities. In consideration of my participation in the Event, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the CSU, the Board of Regents of the University System of Georgia, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, while participating in anything sponsored by, or put on by the Event. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge CSU, the Board of Regents for the University System of Georgia, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of

action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my participation in the Event.

I expressly agree to indemnify and hold CSU and the Board of Regents of the University System of Georgia harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I understand and agree that neither CSU, nor the Board of Regents for the University System of Georgia, is not responsible for property that is lost, stolen, or damaged while participating in, or traveling to or from, anything related to the Event.

I expressly agree to indemnify and hold harmless CSU and the Board of Regents of the University System of Georgia from any and all claims arising out of any injury occurred while using any property procured by the Event, whether bought, leased, or rented, during Event.

Authorization to Use Image or Photograph

Columbus State has frequent occasion to illustrate and explain its program and activities for volunteer/participant recruitment, fund-raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs and/or video of our friends/participants. By signing this waiver I give CSU and the Board of Regents permission to use my image in any of these materials deemed necessary for the sole purpose of marketing and promotion of the school/future event. However, we would never intentionally offend our friends/supporters by doing these things without their understanding and consent. Should you feel uncomfortable allowing us

to use you or your child's image in our promotional material, please check the box below.

**This is completely voluntary and will not affect your allowance to participate in the program.)*

- I would like to opt out of using my image or my child's image in marketing/promotional material for CSU and/or the University System of Georgia's Board of Regents.

Authorization to Release Participant Information

Please select one or two individuals that are allowed to receive information about the Event participant. These two people will be the only ones allowed to receive any information from CSU about the participant.

Contact 1:

Name:

Primary

Phone:

Secondary

Phone:

Relationship

to

Participant:

Contact 2:

Name:

Primary

Phone:

Secondary

Phone:

Relationship _____

to

Participant: _____

I HAVE READ THE FOREGOING RELEASE AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Participant Name (Print):

Date: ____/____/2025

Parent/Guardian Name: If participant is under the age of 18 (Print):

Parent/Guardian/Participant Signature:

**The Parent/Guardian must sign here if the participant is under the age of 18 years old.*

