

Minor Waiver of Liability and Participant Information



COLUMBUS STATE
UNIVERSITY
MODEL UNITED NATIONS

Participant Name: _____ (Must complete one separate waiver per participant)

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the Board of Regents of the University System of Georgia and its institutions, Columbus State University, and the School of Policy, Justice, and Public Safety of (all of the prior listed releasees are hereinafter referred to as "CSU").

The undersigned hereby acknowledges that participation in activities involves inherent risk of physical injury and assumes all such risks. I understand that some of the activities may involve unlevelled ground, heat, humidity, rigorous physical activity and contact with allergens, plants and animals. As the university has made available equipment, facilities, grounds or personnel for such programs or activities, the undersigned understands that participation in activities does hereby release and forever discharge CSU and the Board of Regents of the University System of Georgia, its members 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, all foreseen and unforeseen bodily and personal injuries, damage to property (both economic and non-economic), and the consequence thereof, resulting from participation in activities. I acknowledge, and understand, that as a member institution of the University System of Georgia and its Board of Regents; Columbus State University is exempt from Georgia's Department of Early Care and Learning (DECAL) requirements.

Transporting of students to various sites may require transportation in CSU vehicles. Transportation may include vehicles such as buses, vans and golf carts. I understand that these vehicles may not have seat belts. I agree that, even if the vehicles have seat belts, CSU is not responsible for the proper use of such seat belts. I understand that transportation involves an inherent risk of physical injury. I understand and agree that neither CSU, nor the Board of Regents for the University System of Georgia, is responsible for property that is lost, stolen, or damaged while participating in, or traveling to or from, anything related to classes.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in activities. I authorize program staff to secure any licensed hospital, physician, ambulance and/or medical personnel for treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I agree that this release includes physical injury, death, property damage, or emotional harm caused by negligence of the employees, agents, officials and trustees of CSU when the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. I agree that this release does not include willful misconduct by CSU and their agents, employees, officials and trustees; however, CSU are not liable for the criminal acts of third parties. Should CSU or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold CSU, and anyone acting on their behalf, harmless for such fees and costs.

I have read the above carefully before signing and agree to be bound by its terms. Further, I understand that this agreement covers all sessions attended by the participant in this current year.

Parent or Guardian Signature

Parent or Guardian (please print name)

Date

Parent Phone

Both pages 1 & 2 must be completed for this waiver to be valid.

Minor | Waiver (Must complete one separate waiver per participant)

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

Parent/Guardian
Initial

RELEASE AND WAIVER OF LIABILITY

I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

EMERGENCY CONTACT PERSON

Name of emergency contact person(s) (in case a parent/guardian is unavailable)

_____	_____	_____	_____
Name	Day phone	Name	Day phone

PICK-UP AUTHORIZATION

Name of person(s) authorized to pick-up participant include:

_____	_____	_____	_____
Name	Day phone	Name	Day phone

_____	_____	_____	_____
Name	Day phone	Name	Day phone

TREATMENT AUTHORIZATION AND PERMISSION

I authorize CSU staff to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance.

1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in activity.

2) Does the participant take any medication on a regular basis? YES NO

Will that medication need to be administered during program hours? YES NO

If yes, list medications and directions for taking the medicine.

PHOTOGRAPHY PERMISSION

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.

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.

Signature of Parent/Guardian _____ Date _____

****Please return to CSU Model UN on-Campus Advisor****