

Youth Programs Waiver

PROGRAM NAME: Eagle Baseball Camps

DATE(S) OF PROGRAM: _____

I certify that I am the parent or legal guardian of _____.

I hereby acknowledge that my child's participation in the Program activity may expose my child to risk of property damage and bodily or personal injury, and I willingly and voluntarily assume such risks and allow my child to participate. I understand that the risks that my child may encounter include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death, as well as other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in these activities.

I am aware that Georgia Southern University does not warrant the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that Georgia Southern University does not warrant the adequacy or competency of any program leader, vehicle driver, trainer, or other personnel.

I have also read and understand all pre-program information provided. I agree that I will discuss with my child the importance of following all rules of the Program and the instructions and guidelines of the staff of GSU and the program leaders. I acknowledge that my child may be removed from the program without refund for failure to follow all rules and instructions.

In exchange for allowing my child to participate in this program, I hereby forever release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes Georgia Southern University, the Board of Regents of the University System of Georgia, the State of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors (collectively referred to as the "University") from any and all liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys' fees) or injury that may be sustained by my child while participating in this activity, while traveling to and from the activity, or while on the premises owned or leased by University, whether caused by the negligence of the University or otherwise. I understand and intend that this waiver is binding upon me, the members of my family, my spouse, and my heirs, executors, administrators and assigns.

I understand that in accepting this document, the University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee, or volunteer. I expressly agree that this document is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this document or to my child's participation in this program shall be had only in a tribunal of competent jurisdiction in Fulton County, Georgia.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Print Name of Minor Participant

Date of Birth of Participant