

GAMES RELEASE FORM

Full Legal Name of Student _____

I, as parent or legal guardian of above named student, acknowledge that said student is a member/participant in activities of the Georgia Academy of Mathematics, Engineering, and Science (hereafter referred to as GAMES).

I understand that all precautions will be taken to ensure the safety and health of named student. In signing this I acknowledge that I will not make GAMES, the institution, the Board of Regents, its chaperones, or its drivers responsible in the event of an accident.

I recognize that there are risks and hazards directly or inherently involved, making these dangerous activities with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding these activities, I give permission for the named student to undertake these activities and assume all responsibility of loss of limb or life, property damage, injury to others, and other hazards to named student.

Activities are varied and therefore carry a wide variety of risks. These include but are not limited to: physical injuries and trauma, sickness, and death. The college takes reasonable steps to ensure the safety of our students but cannot eliminate all risks associated with the activities, trips, and educational programs provided as part of our students' experience. Therefore parents and students must assume these associated risks.

I assure the institution and GAMES that there are no health-related reasons or problems that preclude or restrict the named student's participation in these activities. I understand it is my and the named student's responsibility to evaluate the condition of named student's health in relation to the demands of these activities. If uncertain, I or the named student will consult with a family physician or the College Physician. Further, I understand that the institution and GAMES do not provide health insurance for activity participants and that I am responsible for obtaining adequate insurance for the eventuality of any injury or illness to the named student as a result of the activities.

I further understand that if the named student drives any vehicle during these activities and/or travel to and from the activities, I will be personally responsible and liable for all damages and injuries arising therefrom.

To the extent permitted by law, I release the Institution and GA²MES from any liability whatsoever arising out of the named student's participation in these activities, including but not limited to, any damage to named student's property or the property of others and injury to named student or to others, including loss of limb or life, resulting from named student's negligence of others, or to others through named student's participation in these activities.

I understand that the acceptance of this Document by the Board of Regents of the University System of Georgia and its Institution shall not constitute a wavier, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

The foregoing is submitted in consideration of the Institution and GA²MES allowing named student's participation in these activities. I execute this document with full knowledge of the contents and consequences stated in the Release.

I hereby certify that I am suffering under no legal disabilities and that I have read carefully and understand the above Release, Waiver of Liability and Covenant Not to Sue before signing.

PARENT/GUARDIAN

WITNESS:

Name _____

Name _____

Signature _____

I am 18 years of age or older

Date _____

Signature _____

Date _____