

# ROSTER WAIVER

## NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in the following Activity: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_ should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

The Institute does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

### ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I have read the above notice carefully and acknowledge the availability of a copy upon my request. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned activity or program, or in travel to and from such activity.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Institute related activities or programs.

### RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE (READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in these programs and activities for which or in connection with which the Institute has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge the Georgia Institute of Technology 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 or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. I understand that a copy of this document is available at my request. I certify that I am at least 18 years of age and suffering under no legal disabilities. I have read the above carefully before signing.

Team Name: \_\_\_\_\_

1	Signature	Printed Name	Date
2	Signature	Printed Name	Date
3	Signature	Printed Name	Date
4	Signature	Printed Name	Date
5	Signature	Printed Name	Date

Name of Activity: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

6	Signature	Printed Name	Date
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24	Signature	Printed Name	Date
25	Signature	Printed Name	Date

Signatures witnessed by:

\_\_\_\_\_ Witness \_\_\_\_\_ Witness