

**RELEASE OF CLAIMS, WAIVER OF LIABILITY,
ASSUMPTION OF RISKS, AND INDEMNIFICATION AGREEMENT**
FOR SCIENCE OLYMPIAD FEBRUARY 16, 2019
READ CAREFULLY BEFORE SIGNING

I hereby acknowledge that participation by my child in the **Science Olympiad 2019** a voluntary educational program sponsored and administered by East Georgia State College, involves an inherent risk of personal injuries including but not limited to: strains, sprains, bruises, broken bones, heart attack, heat exhaustion, injuries associated with slip and fall and death. I fully assume all risks of injury, sickness, or death to my child associated with his/her voluntary participation in the above program and I fully consent to my child's voluntary participation. For the sole consideration of East Georgia State College arranging for and allowing my child's voluntary participation in said program, and in connection therewith, making available for my child's use while participating in said program, certain equipment, facilities, grounds, or personnel of East Georgia State College, I hereby waive, release, forever discharge, hold harmless, covenant not to sue, and indemnify East Georgia State College, the Board of Regents of the University System of Georgia, their members individually and their officers, agents, employees (hereafter "Releasees") from any and all liability, claims, damages, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's voluntary participation in the program. I understand and acknowledge that acceptance of this signed *RELEASE OF CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISKS, AND INDEMNIFICATION AGREEMENT* (hereafter "Agreement") by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees. I further understand and agree that this Agreement shall be effective during the entire period of my child's participation in the above program. I understand that I may withdraw my consent at any time and elect for my child not to participate in the above activity.

EMERGENCY MEDICAL AUTHORIZATION: I understand and agree that the Releasees do not have medical personnel available at all times during the program and are hereby granted permission to authorize emergency medical treatment, if necessary, for my child, and that such action by Releasees shall be subject to the terms of this Agreement. I state that my child has no health-related reasons or problems which preclude or restrict participation in this program, and that my child has adequate 24-hour health insurance to provide for and pay any medical costs that may be attendant as a result of injury to him or her. In the event my child is not currently covered by a health insurance plan, I promise to pay the entire cost of emergency medical treatment necessary for my child while participating in the program.

I acknowledge and represent that I have fully informed myself of the contents of this Agreement, that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child. I certify that I am ___ years of age and suffering under no legal disabilities and that I have read the above carefully.

This the _____ day of _____ 2019.

Signature of participant or parent or guardian,

Name and age of child (print)

Date

Signature of witness
(Must be 18 years or older)