HOLD HARMLESS, RELEASE, WAIVER of LIABILITY
and COVENANT NOT TO SUE
(Parental Consent and Release of Liability Waiver)

I, __________________________________________, the parent or legal guardian of
__________________________________________, a participant in the Albany State University’s
__________________________________________ program scheduled on ______ day of _________________,
20____., do hereby enter into this Parental Consent Form and Release of Liability Waiver for the
purpose of authorizing the above named student’s participation in the enrichment activities, field
trips, hands on lab experiments, and other educational activities, which include walking,
transportation by motorized vehicle and provision of meals by staff and volunteers associated with
the above program. I acknowledge that this is a voluntary activity for which I freely give
permission for my child’s participation.

I further give my consent for my child to be photographed or videotaped during the
activities involved in this learning experience and grant permission to Albany State University
(hereinafter “ASU”) to use said photos for promotional and/or educational purposes. Said consent
is given without any expectation of compensation or reward for any photos taken and/or used in
educational and promotional literature.

I agree that my child shall abide by all rules and regulations imposed by the
__________________________________________ staff during the course of this enrichment program.

I also acknowledge and accept that participation in the above activity involves certain inherent
risks that cannot be eliminated regardless of the care taken. In consideration for the privilege of
the above-named student’s participation in said enrichment program, I freely, voluntarily
and knowingly assume all risks on behalf of said student as his/her parent or legal guardian.

In the case of emergency, I request the program staff to immediately contact me. If deemed
necessary, to provide first-aid medical treatment and/or secure emergency medical treatment for
my child. I accept full responsibility for any medical and other ancillary expenses incurred.

I further agree, in consideration of the above-named child’s participation in the enrichment
activities, including all necessary preliminary and follow-up activities associated with said
program, to indemnify, release, hold harmless and discharge the Board of Regents of the
University System of Georgia (hereinafter “BOR”), ASU, and/or _______________________________________
their officers, trustees, agents and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or
relating to any loss, damage or injury, including death, that may be sustained by the above named
child, or damage to any property belonging to said child whether caused by the negligence of the
BOR, ASU and/or _______________________________________.

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In signing this release, I acknowledge and represent that I have read the foregoing waiver, release, and covenant not to sue, that I understand it, and that I sign it voluntarily as my own free act and deed. I further acknowledge that no oral representation, statements or inducements, apart from the foregoing written agreement, have been made and that I am at least eighteen (18) years of age and fully competent. If less than eighteen (18) years of age, a parent or legal guardian has signed, fully accepting each and every term. I (or my parent) execute(s) this Release for full, adequate and complete consideration, fully intending to be bound by same.

So agreed this ______ day of __________________, 20____.

IN WITNESS WHEREOF, I set my hand hereto as of the date set forth below:

Initial both of the following statements to affirm acceptance of the aforementioned terms:

_____ I certify that I am the parent or legal guardian of the above-named minor. I have read, understood and accept the terms of this entire document and consent to the provisions contained herein. (Signature is required.)

_____ I certify that I am at least 18 years of age and suffering under no legal disability and that I have received a copy of this document and have read the above carefully before signing.

__________________________________        ___________________________________
Name of Participant (print)   Signature of Participant
(If 18 years or older)

__________________________________ ____________________________________
Name of Parent/Legal Guardian (print)   Signature of Parent/Legal Guardian
(For participant under age 18)

Signature witnessed by:

__________________________________ _______________________________
Name of Witness (print)  Signature of Witness