



231 W. Hancock St
Milledgeville, GA 31061-0490
Phone Number: (____) ____-____
Fax Number: (____) ____-____

**GC YOUTH PROGRAMS
WAIVER OF LIABILITY AND MEDIA
RELEASE (READ CAREFULLY BEFORE**

I also understand that my child's participation in GC Youth Programs may expose him/her to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from falls; inclement weather; injury from animals and/or insects; bites; cuts; stings; burns; abrasions and puncture wounds; broken bones; muscle strains and sprains; heat exhaustion; concussions; drowning; and exposure to contagious diseases which may cause death. In addition, I understand that my child may be exposed to other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily allow my child to participate in this activity, and understand it is my sole responsibility to allow my child to only participate in those activities for which he/she has the prerequisite skills, qualifications, and training.

In addition, I understand that neither Georgia College & State University nor the Board of Regents of the University System of Georgia provide insurance coverage for my participation in GC Youth programs. I also understand that I am solely responsible for any hospital or other costs arising out of any bodily injury, or property damage sustained through my voluntary participation in this program.

For value consideration and in exchange for use of facilities, equipment, materials, supplies, and/or being allowed to participate in this program, I hereby release and forever hold harmless Georgia College & State University and the Board of Regents of the University System of Georgia, and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity. I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

INITIAL

I CONSENT TO AND AUTHORIZE the use by Georgia College & State University, its officers and employees, of my child's image, voice, and/or likeness for any and all purposes through any media now and in the future. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, commercial, information, and educational purposes in any and all media (including the internet) now existing or hereafter devised, for any purpose whatsoever, as deemed appropriate by Georgia College & State University. I further acknowledge and agree that Georgia College & State University and the Board of Regents of the University System of Georgia, its members, officers, agents, and employees shall not be responsible for any use of the image by any third party accessing the image through the internet or any other manner. **I hereby WAIVE THE RIGHT to inspect or approve my image or any finished materials that incorporate my image. I understand and agree the University will hold copyright to the image and that the image may be distributed to other organizations or individuals for use in publication. I also understand that neither my child nor I will receive compensation in connection with the use of my image, voice, and/or likeness.** To the extent the image or media of my child is an educational record and may contain personally identifiable information about my child as defined by the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I hereby consent to the release of the image or media. I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child

contained in the media, and that this consent shall remain in effect until revoked by me in writing and delivered to Georgia College & State University though any such revocation shall not affect disclosures previously made prior to its receipt. I further release, discharge, indemnify, and hold harmless Georgia College & State University and the Board of Regents, its members, officers, agents, and employees, from and against all liability, actions, debts, claims, demands, rights, injuries, damages, or causes of action of every kind whatsoever, arising from and by reason of any known or unknown, foreseen or unforeseen, relating to the taking or use of the recordings or works of my child, including, without limitation, any and all claims for invasion of privacy, rights of publicity, libel, and slander. I understand that the acceptance of this release and waiver of liability by Georgia College & State University and the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by the Board, its members, officers, agents, and employees. This authorization and release shall inure to the benefit of the heirs, legal representatives, licensees, and assigns of Georgia College & State University, and the Board of Regents. If any provision of this Media, Photo, and Video Release shall be held invalid or unenforceable, such provision will be deemed severable without affecting the validity or enforceability of the remaining provisions.

☐

INITIAL

No, I DO NOT grant permission for my child's name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating.

I HEREBY CERTIFY THAT I AM OVER 18 YEARS OF AGE, SUFFERING UNDER NO LEGAL DISABILITIES, THAT I HAVE READ THE ABOVE CAREFULLY BEFORE SIGNING, AND FULLY UNDERSTAND ITS CONTENTS. THIS RELEASE SHALL BE BINDING UPON ME, MY HEIRS, LEGAL REPRESENTATIVES, AND ASSIGNS. THIS CONSENT IS GIVEN FREELY AND VOLUNTARILY BY ME WITHOUT COERCION, DURESS, THREAT, OR PROMISE OF ANY KIND.

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME

SIGNATURE OF PARENT/LEGAL GUARDIAN
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

DATE

PRINTED NAME



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GC YOUTH PROGRAMS PICK UP AUTHORIZATION

I. Personal Information (please print)

Today's Date: ____/____/____

Child's Name: _____ Age: _____

Parent/Guardian Names: _____ Home Phone: _____

Cell Phone(s): _____ Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person, and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

*Please note that only the enrolling parent will be permitted to complete/alter this form.

Does your child require any accommodations to safely participate in the program? If so, please explain:

Initials

If your child takes prescription medication, you are required to meet with the Program Administrator to discuss the expectations of the program staff. Initial in the box to the left if you will be requesting a meeting. Please schedule your meeting as soon as possible.

Parent or Guardian Name: _____ Date: _____

Signature of Parent or Guardian: _____



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GC Youth Programs Medical Information Form

I. *Personal Information* (please print)

Today's Date: ____ / ____ / ____

Child's Name: _____ Age: _____ Weight: _____ Height: _____

Address: _____ City: _____ State: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

II. **Emergency Contact 1**

Name of Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Phone: _____

Emergency Contact 2

Name of Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Phone: _____

III. **Physician/Insurance Information**

Family Physician: _____ Phone: _____

Primary Insurance Provider: _____ Policy Number: _____ Phone: _____

Secondary Insurance Provider: _____ Policy Number: _____ Phone: _____

IV. **Medical Information**

Please list any current medical concerns or medical history we need to know about from your child:

Please list any allergies your child has (Ex. Medications, bug stings, food, latex, etc.):



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Advisement of Non-Licensure

This document serves as notification that the _____
camp/program operated through Georgia College and State University is not licensed nor is required to
be licensed by any agency within the State of Georgia. The camp/program is exempted by the Bright
from the Start program through the Georgia Department of Early Care and Learning (DECAL) division.

By my signature below, I certify that I have read and understand that the above camp/program is a
non-licensed program.

Participant Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____



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**GC YOUTH PROGRAMS
PARTICIPANT CODE OF CONDUCT**

Program / Camp Name: _____

Participant Name (Please Print): _____

Parent / Guardian Name (Please Print): _____

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including, but not limited to, transportation costs to return the Participant home.

PARTICIPANT AGREEMENT

I understand, that as a condition for participating in the Program, I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct, or failure to comply with the reasonable direction of Program Staff, may result in my being dismissed from the Program.

Participant's Signature: _____ **Date:** _____

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of the Program and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct, or failure to comply with the reasonable direction of Program Staff, may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

Parent's Signature: _____ **Date:** _____

Participant Waivers

COVID-19

I acknowledge Academic Outreach cannot prevent me/my child(ren) from becoming exposed to, contracting, or spreading the COVID-19 virus. I understand that by participating or allowing my child(ren) to participate in Academic Outreach programs, I/my child may be exposed to and/or increase our risk of contracting and/or spreading the COVID-19 virus. I understand that while Academic Outreach has undertaken reasonable steps to lessen the risk of transmission of COVID-19, I am fully aware participating with Academic Outreach carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to,

1. the risk of coming into close contact with individuals or objects that may be carrying COVID-19;
 2. the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and
 3. injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof.
- Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks.

COVID-19 Acknowledgment

I will adhere to the mandates set forth by Georgia College and Academic Outreach and I acknowledge that if I or my child has any symptoms or has received a positive test result, I or my child will not participate with Academic Outreach. I will immediately notify the Director of Academic Outreach of my or my child's symptoms and/or test results and will follow the protocol set forth by Georgia College and the Office of Academic Outreach.

I HEREBY CERTIFY THAT I AM OVER 18 YEARS OF AGE, SUFFERING UNDER NO LEGAL DISABILITIES, THAT I HAVE READ THE ABOVE CAREFULLY BEFORE SIGNING, AND FULLY UNDERSTAND ITS CONTENTS. THIS ACKNOWLEDGEMENT IS GIVEN FREELY AND VOLUNTARILY BY ME WITHOUT COERCION, DURESS, THREAT, OR PROMISE OF ANY KIND.

SIGNATURE OF PARTICIPANT

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SIGNATURE OF PARENT/LEGAL GUARDIAN
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

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