

UNIVERSITY OF WEST GEORGIA (UWG)
RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE

Activity: Wolf Wellness Lab Screening, Training, and/or Educational Program

Date/Time: _____

Location: COLSM 2105, 2106, and/or 2107

Acknowledgment and Assumption of Risk

I wish to participate in the activity specified above. I am aware that this activity may be a vigorous activity that can involve inherent risks of physical injury, illness or loss of personal property and I assume all such risks.

I understand that equipment, facilities, grounds or personnel if any, which may be provided for my protection may be inadequate to prevent serious injury. I also understand that there are potential risks of which I may not presently be aware.

I understand that University of West Georgia students may be assisting with screenings, training, and/or programming in the Wolf Wellness Lab.

In addition, I understand that my participation in this activity (whether for practice, performance, or game) involves activities and risks incidental thereto including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and exposure to the possible reckless conduct of other participants. I understand that the University is not insured to cover any loss or injury.

Nevertheless, I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. I understand that the acceptance of this Release and Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents and employees.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced activity, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. **Waive, release, and discharge the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and
- b. **Indemnify, save, and hold harmless the University of West Georgia** and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

____ Yes, I consent to being photographed during Wolf Wellness Lab events and/or research projects. These photos may be used in future presentations, publications or in local newspapers. I also give permission to be used in photographic, video, digital or other recording forms. I further acknowledge and understand that the image may be accessible by the general public and agree that the University of West Georgia cannot be responsible for any use of the image by any third party accessing the image through the internet. I understand that I will not receive payment or any other compensation for the taking or use of any recording or works created as a result of my participation in the program or event.

____ No, I may not be photographed or videos during any Wolf Wellness Lab event and/or research project.

CAUTION: READ BEFORE SIGNING

Print Name: _____

Age: _____

Signature: * _____

Date _____