

Participation Agreement and Waiver Form

PROGRAM/ACTIVITY INFORMATION

Program/Activity Name _____
Date(s) _____
Location _____

PARTICIPANT INFORMATION

Name _____
Address (include city/state/zip) _____
Phone _____
Date of Birth _____
Gender _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) _____, the parent or legal guardian of the Participant, (Name) _____, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as Abe's Winning Ways Camp (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as participating in drills and activities, scrimmaging against other players, crossing streets and parking lots, etc. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts, and abrasions, muscle strains and sprains, and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge and agree to indemnify Abe's Winning Ways, its 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 the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against Abe's Winning Ways LLC, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent 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.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Media Release

_____ Yes, I (Name) _____, the parent and/or legal guardian of _____, the Participant, hereby give Abe's Winning Ways LLC, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever.

I understand and agree that my/my child's image will become part of the program's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporate the image. I further release, discharge, and agree to waive Abe's Winning Ways LLC, their licensees, successors, legal representatives, and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness, or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness, or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Programs and Activities Serving Minors Participant Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

Program/Activity Name: _____

This Code of Conduct is to ensure the safety and well-being of all participants in a Program/Activity hosted at or by the University of Georgia. It applies to all participants including minors and their parents/guardians.

Requirements:

- Respect and adhere to Program/Activity rules and guidelines including all those specific to this event or activity.
- Follow all instructions and directives given by Program/Activity Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey University policies and local, state and federal laws.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, up to and including removal from the Program/Activity and future Programs/Activities offered at the University of Georgia.

PARENT/GUARDIAN & PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

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

Participant's Signature

Date

I understand that my child will be subject to the rules and standards of conduct of the Program/Activity 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/Activity Staff may result in my child's dismissal from the Program/Activity. I accept responsibility for all costs associated with removing my child from the Program/Activity, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Program/Activities.

Parent/Guardian Signature

Date

Medication Information

This form is to be turned in with medication.

Participant Name: _____

Please list any/all medication your child is currently taking including prescription and over the counter medications. Additionally, parent/guardian should list any over-the-counter medication that may be given in case of illness. Camp Staff may not administer over the counter or prescription medication without parent/guardian approval unless prescribed by medical personnel. Participants are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

Name of Medication: _____

Illness/condition medication is being taken for: _____

Date(s)/Time(s) medication is to be given: _____

Describe what the medication looks like? _____

Describe dosage and special instructions: _____

Authorization for Medical Care

To the best of my knowledge, my child is capable of participating safely in the Camp and any activity restrictions, allergies, and/or medications are listed on this form.

I understand that whenever possible, Camp Staff will make a good-faith effort to contact me before seeking treatment. If this is not possible, I understand that Camp Staff will notify me or my emergency contact as soon as possible of any and all diagnoses and treatments.

I hereby authorize Camp Staff to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life-threatening or in need of emergency treatment, I authorize Camp Staff to seek medical treatment as they deem necessary at a local medical center or healthcare facility while my child is attending the camp. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care subsequently deemed necessary or advisable by a licensed health care provider. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, and that it is given to provide Camp Staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary.

All medical or health care (emergency or otherwise) that my child receives during the Camp will be at my own expense. I understand that UGA does not provide insurance and it is not the responsibility of UGA to file insurance claims.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Work Phone: _____

Cell Phone: _____

Date: _____

Medical Treatment Authorization Form

Disclosure of health conditions is voluntary, but having information about pre-existing health conditions will enable Program Staff to obtain proper medical assistance in the case of an accident or illness.

Participant Name:	Date of Birth:
Address:	City, State, Zip:
Physician:	Physician's Phone:
Medical Insurer:	Policy Number:
Allergies (food, insects, plants, etc.):	

Does your child have any medical conditions that you or your doctor feel Program Staff should be aware of and/or may limit camp participation?

Does your child need any accommodations to safely participate in the camp?

Is your child taking any medications that must be administered during the camp? If yes, please complete the Medications Information Form attached to this packet.

Yes No

I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact Information

List at least two and up to four individuals who may be contacted in case of an emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and/or legal guardian cannot be reached. Emergency contacts are permitted to and should be able to come to the camp site and pick up your child if needed.

Name 1: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Name 2: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Name 3: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Name 4: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Pick Up Authorization

Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Please fill out either Section I or Section II

Section I

In addition to myself, the individuals listed below are hereby authorized to pick up my child from the camp. I understand my child WILL NOT be permitted to leave the camp with anyone who is not listed below. Authorized persons may be requested to show identification to Camp Staff. My child WILL NOT be released to individuals who fail to provide acceptable identification upon request.

AUTHORIZED PERSON:	PHONE NUMBER:	RELATIONSHIP TO CHILD:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Section II

I hereby give permission for my child to drive himself/herself. My child has a valid driver's license and auto liability insurance. I understand that keys may be collected by Program Staff, and that my child will not be permitted to drive during the Camp.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____