

Participation Waiver

COASTAL GEORGIA RADIO SCIENCE ACADEMY, INC.
SCHOOL YEAR 2018-2019

LEGAL NOTICE

This is a legal document, please read and understand this document before signing.

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed in order to participate in the activities planned and organized by Coastal Georgia Radio Science Academy, Inc. (CGRSA). This agreement will be effective from September 1, 2018 until August 31, 2019.

TERMS AND CONDITIONS

I will authorize the Participant(s) to participate in activities organized by Coastal Georgia Radio Science Academy, Inc. (CGRSA). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Parent/Guardian freely and voluntarily allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Guardian/Parent of Participant(s) understands and acknowledges that the Coastal Georgia Radio Science Academy, Inc. (CGRSA) is not an insurer of Participant's behavior, actions or participation in the activities, and that the Coastal Georgia Radio Science Academy, Inc. (CGRSA) assumes no liability whatsoever for personal injuries or property damages to Participant(s) or to third persons arising out of participation in the activities. Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless Coastal Georgia Radio Science Academy, Inc. (CGRSA), and all of their members from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by participants(s) or loss or damage to any property belonging to participant(s) arising out of or related to participation in the above named activities.

Participant(s) does(do) not have any medical conditions that would prevent participation in activities.

A Coastal Georgia Radio Science Academy, Inc. (CGRSA) member has my permission to call an ambulance to transport my child(ren) to the nearest medical facility for emergency medical treatment if I am unavailable. I will be financially responsible for any expenses incurred. I agree to assume all financial responsibility for any medical and/or legal expenses incurred while participating in any Coastal Georgia Radio Science Academy, Inc. (CGRSA) activities.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

GUARDIAN/PARENT OF PARTICIPANT(S) HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN GUARDIAN/PARENT OF PARTICIPANT(S) AND THE RELEASEES AND SIGNS ON HIS OR HER OWN FREE WILL.

Guardian/Parent of Participant(s) Signature

Date

NAMES & AGES OF CHILDREN (Please Print)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____