

2012 North Georgia Summer Sports Camp Release and Waiver of Liability

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the Board of Regents of the University System of Georgia and its institutions, North Georgia College & State University, Continuing Education, North Georgia Athletic Camps. (all of the prior listed releasees are hereinafter referred to as "NGCSU").

Camper name: _____

Camp attending: **Little Saints Basketball... Boys Basketball... Girls Basketball... Soccer... Softball...**
(circle all that apply).

Date of Birth: _____ Age: _____

T-shirt size: (adult) S M L XL XXL (circle one)

Roommate request for overnight athletic camp: _____
(One name only – please indicate camp if attending multiple camps)

STATEMENT OF RESPONSIBILITY AND WAIVER

I certify that my son/daughter is physically fit to participate in North Georgia College & State University Summer Sports Camp Programs. I am aware of the inherent risks of participation in this activity, and I further state that the Board of Regents, NGCSU, and its staff will not be held liable for accident or injury, including preexisting illnesses or injuries as a direct or indirect result of participation in camp activities.

Transportation of campers to various sites may require transportation in Lumpkin County School buses or NGCSU vehicles. Transportation may include vehicles such as buses, vans, and golf carts. I understand that these vehicles may not have seat belts. I agree that, even if the vehicles have seat belts, NGCSU is not responsible for the proper use of such seat belts. I understand that transportation involves an inherent risk of physical injury.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in camp activities. I authorize program staff to secure any licensed hospital, physician, ambulance, and/or medical personnel for treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I agree that this release includes physical injury, death, property damage, or emotional harm caused by negligence of the employees, agents, officials and trustees of NGCSU when the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. I agree that this release does not include willful misconduct by NGCSU and their agents, employees, officials and trustees; however NGCSU are not liable for the criminal acts of third parties. Should NGCSU or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold NGCSU, and anyone acting on their behalf, harmless for such fees and costs.

I have read the above carefully before signing and agree to be bound by its terms. Further, I understand that this agreement covers all NGCSU Summer Athletic Camp programs attended by the participant in this current year.

Parent/Guardian Signature _____

Parent/Guardian (Please Print) _____

Parent/Guardian e-mail _____

Phone (Daytime) _____ (cell) _____

(continued)

MEDICAL REPORT

All **INDIVIDUAL campers** must complete and return the Medical Report as proof of a physical examination within the past school year (since August 1, 2011). **Please note:** a physician sport physical is acceptable.
(This form must be returned at least two weeks before your first camp.)

First Name _____ Middle initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Date of Exam _____ Age _____ Date of Birth _____

DOCTOR'S CERTIFICATION

The above named has been examined and has been found physically fit to participate in a fully vigorous activity program on the campus of North Georgia and is current for all vaccinations.

Examining Physician's Name: _____

(please print)

Signature _____

Physician office address: _____

Physician office phone # _____

Current medications and allergies _____

Physician office seal/stamp:

In Case of Emergency contact:

Name: _____

Phone number: _____

Relationship: _____