I hereby acknowledge that I am fully aware that there are risks inherent in my participation in and preparation for the above-described event, and I willingly and voluntarily assume such risks. These risks may include, but are not limited to: bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death. I have made myself aware of the physical requirements necessary for participation in the above-referenced event, and I certify that I possess all of the necessary physical abilities, experience, training, and knowledge.

I am aware that Armstrong State University does not warrant the condition or adequacy of any equipment, premises, vehicle or mode of transportation for any purpose. I am further aware that Armstrong State University does not warrant the adequacy or competency of any trip leader, vehicle driver, or other personnel.

I am aware that Armstrong State University does not provide insurance for me, and that I am solely responsible for any medical and personal costs arising out of my participation in the above-referenced event.

I agree that the privilege of participating in the above event is a valuable opportunity, and in partial consideration of that opportunity I hereby forever release and discharge from liability of any kind arising out of my participation in, preparation for, or travel associated with the above-referenced event, Armstrong State University, the Board of Regents of the University System of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors. As a part of the consideration for my participation in the above-referenced event, I hereby covenant not to sue any of the above-named released parties for any causes of action arising out of my participation in the event.

I understand that in accepting this document, Armstrong State University does not waive any sovereign, governmental, or official immunity that might apply to itself, and state agency or instrumentality, or any state officer, employee or volunteer.

I am 18 years of age or older, and I am fully capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

Full Name ______________________________________________________ 907 number _________________
Signature __________________________________________________________________________________ Date _______________________

I am under the age of 18, and my parent or guardian is capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

Parent/Guardian Name_________________________________________________________ Date __________
Parent/Guardian Signature __________________________________________________________

Emergency Contact Information
Contact Name ___________________________________________________ Relationship _________________
Contact Phone Number ________________________________________________
Contact Email __________________________________________________________