



# ACTIVITIES INVOLVING MINORS

Please read carefully, as this is a binding agreement.

## Photo Release

**Yes, I (Name)** \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, the Participant, hereby give the University of Georgia and the Board of Regents of the University System of Georgia, 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. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, social 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 incorporates the image. I further release, discharge, and agree to waive the University of Georgia, the Board of Regents of the University System of Georgia, 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: \_\_\_\_\_



# 2024 ENROLLMENT AGREEMENT

## 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 Summer Academy at UGA (the Program), do hereby agree to the following relating to the Program. **I fully and voluntarily consent to my child's participation in Summer Academy at UGA (SAUGA). I hereby acknowledge my awareness that participation in SAUGA activities may expose my child(ren) to risk of property damage, bodily or personal injury, including death.** Activities will include certain physical activities such as walking, swimming, running, climbing, crossing streets and intersections, staying overnight in on-campus residence halls, etc. I understand that the risks that my child(ren) may encounter include, but are not limited to transportation accidents; injury from falls; drowning; inclement weather; injury from animal or insect bites; cuts; burns; electric shock; abrasions; puncture wounds; broken bones; 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 SAUGA, I hereby release and forever discharge and agree to indemnify the University of Georgia the Board of Regents of the University System of Georgia, 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 the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim of 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 understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

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: \_\_\_\_\_

# Medical Information Form and Authorization for Medical Care

Program/Activity Name: \_\_\_\_\_

## I. Child's Basic Personal Information (please print)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

## II. Emergency Contact Information

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance subscriber (parent) name: \_\_\_\_\_

Subscriber (parent) date of birth: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*(Note: The institution does not offer any form of health, liability, or other types of insurance for participants.)*

### III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

\_\_\_\_\_

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

\_\_\_\_\_

Medications your child is currently taking, their purpose, dosage, and times taken:

\_\_\_\_\_

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child require any assistance with his or her medications? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Last tetanus shot date: \_\_\_\_\_

I consent to photos being taken of my child at the University Health Center for medical purposes only.

I do NOT consent to photos being taken of my child at the University Health Center for medical purposes only.

### IV. Authorization for Medical Care

By checking this box, I understand that my child is voluntarily participating in a University of Georgia program/activity. I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

By checking this box, I understand that the University of Georgia does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program/activity. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, the University of Georgia, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_