

SAVANNAH STATE UNIVERSITY
Savannah, Georgia 31404

Department of
Marine and Environmental Sciences
Release and Assumption of Risk Form

Name (print) _____ Student ID _____

The Board of Regents of the University System of Georgia by and on behalf of Savannah State University, their members individually and their officers, agents, and employees ("RELEASEES").

I desire to participate in the field studies and/or research in conjunction with RELEASEES Dept. of Marine and Environmental Sciences (hereinafter referred to as the "Activity"); and I fully understand and appreciate certain dangers and risks may occur, including but not limited to hazards of accident or illness, the forces of nature, and activity aboard plane, boat, car, bus, van, or other vehicle and other dangers, hazards and risks inherent in the Activity, including risks associated with the transportation to and from the Activity; and in any independent activities I undertake as a participant in the Activity, in which also could include serious and even mortal injuries and/or property damage.

Knowing the particular dangers, hazards, and risks of such Activity, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, personal representatives, I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the Activity, transportation to and from the Activity, and in any independent activities undertaken as a participant thereto, and in advance, I release, waive, forever discharge, and covenant not to sue RELEASEES, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained to me or any property belonging by me, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, while in, on, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I understand and agree that RELEASEES do not have medical personnel available at the location of the Activity. I understand and agree that RELEASEES are granted permission to authorize emergency medical treatment, if necessary, and that such action by RELEASEES shall be subject to the terms of this Agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

It is my expressed intent that this Agreement shall bind members of my family and spouse, my estate, family, heirs, personal representatives, or assigns, and shall be deemed

as a release, waiver, discharge and covenant not to sue RELEASEES. I further agree to save and hold harmless, indemnify, and defend RELEASEES from any claim by my family or me, arising out of my participation in this Activity.

I understand that the acceptance of this release and waiver of liability by the RELEASEES shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity by said RELEASEES, its members, officers, agents and employees.

In signing this release, I acknowledge and represent that I have fully informed myself of the content of this Agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed. I understand that the Savannah State University does not require me to participate in this Activity, but I want to do so despite the possible risks and despite this release. I further state that I am at least 18 years of age and fully competent to sign this Agreement; and that I execute this release for full adequate and complete consideration fully intending to be bound hereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

STUDENT/PARTICIPANT:

WITNESS:

Signature of Participant

Signature/Witness

Print Name

Date

Permanent (not University) address City State ZIP

In case of accident or illness notify:

Name, address City State ZIP

phone # _(____) _____

Student (or parent/guardian) signature

Date

Birth date