



Savannah State University
2018 SSU STEM SUCCESS Center
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Student's name: _____
Please Print

Waiver: In consideration of being permitted to participate in the STEM 360 Summer Enrichment Camp presented by the STEM Success Center, for the period of 3/31/2018 until 3/31/2018, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The University System of Georgia (Savannah State University)/ its officers, employees, and agents from liability from any and all claims including the negligence of The University System of Georgia (Savannah State University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to the utilization of the campus facilities during the time period indicated above for The Activity I am participating in at Savannah State University.

Signature of Parent/Guardian of Minor Signature of Participant Date

Assumption of Risks: Participation in The Activity, as well as utilization of school facilities, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death and 4) Thefts and criminal intrusions.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The University System of Georgia (Savannah State University) HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date
Participant's Age (if minor)

Authorized Signature _____ Print/Type Name: _____
(Activity Representative) Date: _____

PHOTO RELEASE

I, _____, hereby authorize to the STEM Success Center to take photographs and/or video footage of my child during his/her 2018 experience. I grant permission to the STEM Success Center, Savannah State University, and their respective representatives, worldwide right to use, publish, and display for all types of advertising and promotional materials. These images may be used in television, print campaigns, and the internet, with all photographic negatives and prints, transparencies, and digital representations owned by the STEM Success Center and Savannah State University.

I agree that the STEM Success Center /Savannah State University is not required to submit to me any materials for approval prior to use. I hereby waive any right to inspect or approve those materials and waive the right for acknowledgement or compensation.

The undersigned states that I have the power and authority to grant these rights. The publication and use of the undersigned's name, photograph, or other use, will not infringe upon the personal rights of any person.

I have read this release and I understand its contents and intend to be legally bound this release.

By signing this form below, I state that I am the **parent or legal guardian** of the child named below and agree to all the terms of the Release stated above.

Print Child's Name: _____

Date: _____

Print Parent/

Guardian's Name: _____

Parent's Signature: _____