

CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION IN THE
2009 SAXOPHONE WORKSHOP AT THE UNIVERSITY OF GEORGIA

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child or children (Please Print) _____ to participate in the University of Georgia Saxophone Workshop (hereinafter referred to as the "Camp").

I understand that it is my responsibility to provide transportation for my child(ren) to and from the Camp. I understand that in order to participate in this program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. The University of Georgia reserves the right to dismiss a child from the Camp due to that child's disruption of the program, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the Director of the Camp. If a child is dismissed from camp, there will be no refund.

I understand that the activities of this program may include certain physical activities such as swimming, tennis, etc. I understand and agree to assume any and all risks associated with the Camp's activities.

I grant permission for my child(ren) to participate in activities that are part of the scheduled activities for the Camp. I understand that some of these activities may include transportation, and give permission for my child to be transported as necessary.

I grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some photographs may appear in local newspapers or future brochures.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the Camp, requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation's I will be notified as soon as possible. I also agree to provide the Camp staff with emergency contact numbers.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury, or accident occurring while my child is attending the Camp is my responsibility, and that the Camp, The University of Georgia, and the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees are not obligated to pay for such medical care.

For the sole consideration of the University of Georgia allowing my child to participate in this program, I hereby release and forever discharge the Camp, the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child's participation in this program.

I further covenant and agree that for the consideration stated above I will not sue the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my child's voluntary participation in this program.

I understand that the acceptance of this release, waiver of liability and covenant not to sue shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

I have received a copy of this document and I certify I am at least 18 years of age and that I have read the above carefully before signing.

This _____ day of _____, 2009.

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian (Printed)