Release, Waiver of Liability, and Covenant
Not to Sue (Model Release)

For good and valuable consideration, the undersigned hereby grants the GEORGIA INSTITUTE OF TECHNOLOGY (“GIT”) and the GEORGIA TECH RESEARCH CORPORATION (“GTRC”) the absolute and irrevocable right and permission, in respect to the photographs, video tapes, motion pictures, recordings, or any other media (hereinafter collectively known as “Images”) that GIT/GTRC has taken of me or my property, or minors in my care, or in which I may be included with others, to copyright the same, in GIT/GTRC’s own name or otherwise, to use, re-use, publish, re-publish, and allow others to use, re-use, post, display, publish, re-publish, reproduce the same in whole or part, individually or in conjunction with other images, and in conjunction with any printed or electronic matter, in printed form, microfilm, electronic databases, CD-Rom, websites, online digital archives, or in any and all media now or hereafter known, and for any legitimate purpose whatsoever, and to use my name in connection therewith if GIT/GTRC so chooses. I hereby waive any right to inspect or approve the Images or any finished version incorporating the same.

The undersigned does hereby release and forever discharge GIT, GTRC, and the Board of Regents of the University System of Georgia, their members individually, and their officers, agents, and employees of any kind from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen, and unforeseen injuries, damages, and the consequences thereof resulting from the use of the Images, including without limitation any and all claims for libel or invasion of privacy.

I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of GIT, GTRC, and the Board of Regents of the University System of Georgia. I hereby certify that I am suffering under no legal disabilities and that I have read the above carefully before signing. This release shall be binding upon me and my heirs, legal representatives, and assigns.

By signing below, I agree to the terms stated above and hereby certify that I am 18 years of age or older.

____________________
Signature/Date

____________________
Print name
NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in the following activity: ___________________, should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

The Institute does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

Initials___________ Date__________

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned activity or program, or in travel to and from such activity.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Institute related activities or programs.

Initials___________ Date__________

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in these programs and activities for which or in connection with which the Institute has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, employees, for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia 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 that I am _________ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

NAME __________________________________ Date _________
(Please Print)

Signature ______________________________ Signature of Parent or Guardian if Participant is under 18