2018 DAWG CAMP DISCOVERY RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

I, ______________________________, hereby acknowledge my awareness that my participation in the Dawg Camp Discovery program, from July 27-29, 2018, may expose me to risk of property damage, bodily or personal injury, including death. I understand that my participation may include the following duties which may include, but are not limited to, the following: traveling to and from FFA-FCCLA Camp in university motor vehicles, sitting by a bonfire, being near bodies of water, participating in teambuilding activities (jumping, standing, sitting, running, lifting, and crawling), and other impromptu activities.

I understand that the risks that I may encounter include, but are not limited to transportation accidents, injury from falls; inclement weather, injury from animal or insect bites; cuts; drowning; burns; abrasions and 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 have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity.

In addition, I understand that none of the following entities provide insurance coverage for my participation in the Dawg Camp Discovery program: the Dawg Camp program, the Center for Leadership and Service, the University of Georgia, or the Board of Regents of the University System of Georgia. I also understand that it is highly recommended that I obtain my own health insurance.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this event, I hereby release and forever discharge 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, 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 this activity.

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 for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees (University), of my image, voice and/or likeness for any and all purposes through any media now and in the future. I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University’s photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I also understand that the Dawg Camp Discovery weekend follows an alcohol-free and other drug-free policy, where all activities are alcohol-free and other drug-free.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

________________________________________
PRINTED NAME

________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN
IF STUDENT IS UNDER 18 YEARS OF AGE

________________________________________
PRINTED NAME

________________________________________
SIGNATURE OF STUDENT

DATE

________________________________________
PRINTED NAME

________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN
IF STUDENT IS UNDER 18 YEARS OF AGE

DATE

Approved OLA: 05/08/18
2018 DAWG CAMP DISCOVERY HEALTH INFORMATION

Please answer these questions honestly and completely. It is important that we have accurate information about any factors that may affect your health during the program. If you are aware of any conditions that may limit your participation in the program, please contact the Dawg Camp Discovery advisor, Kaitlyn Shepard at kshepard@uga.edu or 706-583-0830 immediately. A more thorough interview may be conducted to ensure that the Center for Leadership and Service has all the proper information needed in case of an emergency.

Name:  ______________________________________________________________

Last               First               Middle               (Preferred Name)

Have you had any chronic conditions requiring medical care? Please explain.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Will you need any special medications or medical care while on this trip? Are you currently taking any medications? If so, for which condition(s)?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Are you allergic to any medicines, foods, animals, insects, or substances? Do you have any other dietary restrictions?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Have you had any major illness in the past six months? If so, please describe.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

PLEASE NOTE: If you are a student with a disability which may need accommodation to participate in our program, please directly contact the Disability Resource Center (706-542-8719) for an evaluation of your needs.
Please call your medical insurance carrier to validate your coverage dates, verify coverage for travel to/from and service in the Athens area, and to obtain an insurance ID card. It is HIGHLY recommended that you have medical insurance coverage for the duration of the program.

I hereby certify that I will be covered by a sickness/accident policy for the program’s duration. My policy is carried by:

(Name of Insurance Company) (Policy #)

(Applicant’s Signature or Signature of Parent/Legal Guardian if student is under 18 years of age) (Date)

If applicable, I am also covered under the following carrier:

(Name of Insurance Company) (Policy #)

(Applicant’s Signature or Signature of Parent/Legal Guardian if student is under 18 years of age) (Date)

(Nature of the Insurance (i.e. what it covers - reparation, theft, etc.))

Emergency Contacts (please provide two and their phone number(s)):

(Emergency Contact One’s Name) (Relationship to you)

(Home Phone) (Cell Phone) (Work Phone)

(Emergency Contact Two’s Name) (Relationship to you)

(Home Phone) (Cell Phone) (Work Phone)
If you have insurance and filled out the information above, you do not need to fill out this page.

While the Dawg Camp Discovery Program at the University of Georgia does not require that all participants have medical insurance, it is highly recommended.

The University of Georgia does not carry medical insurance that covers students and will not be responsible for the cost of any medical issues that arise for Dawg Camp Discovery participants.

I have read the University of Georgia 2018 Dawg Camp Discovery No Insurance Addendum. I understand that while the University of Georgia highly recommends that I carry my own medical insurance, it is not a requirement for me to attend the Dawg Camp Discovery program. I understand that the University of Georgia does not carry medical insurance that covers me.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This acknowledgment is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

__________________________________________________________
SIGNATURE OF STUDENT
DATE

__________________________________________________________
PRINTED NAME

__________________________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN
DATE
IF STUDENT IS UNDER 18 YEARS OF AGE

__________________________________________________________
PRINTED NAME
2018 Dawg Camp Insurance Information

Please call your medical insurance carrier to validate your coverage dates, verify coverage for travel to and service in the area of your service site, and to obtain an insurance ID card.

I hereby certify that I will be covered by a sickness/accident policy for the program’s duration. My policy is:

(Name of Insurance Company) __________________________ (Policy #) __________________________

(Applicant’s Signature) __________________________ (Date) __________________________

While the Center for Leadership and Service at The University of Georgia does not require that all participants have medical insurance, it is highly recommended. The University of Georgia does not carry medical insurance that covers students and will not be responsible for any issues that arise for 2018 Dawg Camp Discovery participants who do not carry medical insurance.

I have read The University of Georgia No Insurance Addendum above. I understand that while the University of Georgia highly recommends that I carry my own medical insurance, it is not a requirement for me to participate in Dawg Camp. I understand that the University of Georgia does not carry medical insurance that covers me.

PRINTED NAME __________________________ SIGNATURE OF STUDENT __________________________ DATE __________________________

Emergency Contact (please provide two):

(Emergency Contact One’s Name) __________________________ (relationship to you) __________________________ (Primary Phone) __________________________

(Emergency Contact Two’s Name) __________________________ (relationship to you) __________________________ (Primary Phone) __________________________

Have you had any chronic conditions requiring medical care? If so, please describe.

____________________________________________________________________________________________________

Are you allergic to any foods or medicines? Do you have any other dietary restrictions?

____________________________________________________________________________________________________

Have you had any major illness in the past six months we should be aware of? If so, please describe.

____________________________________________________________________________________________________

Will you need any special medications or medical care while participating in this event? Are you currently taking any medications? If so, for which condition(s)?

____________________________________________________________________________________________________

Approved OLA: 05/08/18