I, ______________________________ (the “Undersigned”), hereby execute this Waiver and Release acknowledging my awareness that my participation in the Dawg Camp Rise program, held July 19-23, 2019 may expose me to risk of property damage, bodily or personal injury, including death.

Activities could include any or all of the following: riding in a vehicle to and from cultural sites, event venues, and attractions in the Athens area; traveling to and from FFA-FCCLA Camp and/or around Athens in university motor vehicles, sitting by a bonfire, being near bodies of water, touring cultural sites, event venues, and attractions in the Athens area; staying with the entire group throughout the entirety of the Camp (not separating from the group); eating at local restaurant in the Athens area; going on various types of campus and Downtown Athens walking tours; participating in small group discussions and activities that might require physical activity (jumping, standing, sitting, running, lifting, and crawling); participating in physical icebreakers, on campus-activities, and down time activities that might require physical activity (jumping, standing, sitting, running, lifting, and crawling); holding a candle; being around animals; and other impromptu activities.

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

In exchange for being allowed to participate in this program, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the Board of Regents of the University System of Georgia, the University of Georgia, and their employees, officers, or agents from any liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys’ fees) or injury, including death, that may be sustained by the Undersigned while participating in this activity whether caused by the negligence of the University and its employees, officers, or agents otherwise. I understand and intend that this Waiver and Release is binding upon me and my heirs, executors, administrators and assigns.

I grant permission for my likeness, image and voice to be recorded in any media created during this activity, and grant permission for such media to be used by the University of Georgia on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

I certify that I have received information about the Dawg Camp Rise program, in which I will participate, and I therefore know where I will be serving and what to expect during the time I spend while participating in this activity.

I also understand that Dawg Camp Rise 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.

___________________________________
SIGNATURE OF STUDENT

_______________________________
DATE

_________________________________________
PRINTED NAME

___________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN

IF STUDENT IS UNder 18 YEARS OF AGE

_______________________________
DATE

_________________________________________
PRINTED NAME
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 Rise advisor, Kaitlyn Shepard at kshepard@uga.edu or 706-542-1038 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.
**2019 DAWG CAMP RISE INSURANCE INFORMATION**

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:

<table>
<thead>
<tr>
<th>(Name of Insurance Company)</th>
<th>(Policy #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

(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:

<table>
<thead>
<tr>
<th>(Name of Insurance Company)</th>
<th>(Policy #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)):**

<table>
<thead>
<tr>
<th>(Emergency Contact One’s Name)</th>
<th>(Relationship to you)</th>
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<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>(Emergency Contact Two’s Name)</th>
<th>(Relationship to you)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

(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 Rise 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 Rise participants.

I have read the University of Georgia 2019 Dawg Camp Rise 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 Rise 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