

Membership # _____

9000 _____

**Bainbridge State College Student Wellness Center
Release, Waiver of Liability and Covenant Not to Sue**

The undersigned hereby acknowledges that participation in physical activities such as those offered through The Bainbridge State College Student Wellness Center involves a risk of bodily harm and injury and assumes all risks. Furthermore, the undersigned acknowledges and assumes the same risks and responsibilities of their minor dependents listed below. The undersigned hereby agrees that for the consideration of Bainbridge State College and its Student Wellness Center allowing the undersigned and their listed minor dependents to voluntarily participate in physical activities and, in conjunction therewith, the use of the facility, equipment, programs, grounds, and personnel of the institution, the undersigned participant and their minor dependents do hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of activity of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from voluntary participation in or in any way connected with such Wellness Center programs.

I further agree 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, or employees for any claim for damages arising or growing out of my voluntary participation in Student Wellness Center activities. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment or employment at the institution. I have received a copy of this document and I certify that I am of legal age and am suffering under no legal disabilities and that I have read the above carefully before signing.

Printed Member Name _____ Date _____

Witness Signature _____

Member Signature _____

Dependent Members **(For Alumni and Employees Only)** (Please print legibly)

