**VOLUNTEER PROGRAMS**

**SERVICE EXPERIENCES**

**Liability Release, Covenant not to Sue, Photo Release, and Medical Release**

**Liability Release.** I, **participant** am voluntarily participating in a Center for Student Involvement, Volunteer Programs - Service Experience physical injuries including muscle strain, scrapes, cuts, pulled tendons, broken bones, allergic reactions, possible damage to property and personal belongings, and other risks inherent in physical activities. I will select the activities in which I will participate. I will select activities that are within my physical capacities. I understand that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities and transportation to, during, or from the Volunteer Programs – Service Experience.

**Covenant not to Sue.** In consideration of my being permitted to participate in this activity, I hereby release, waive, forever discharge and covenant not to sue the State of Georgia, the University of West Georgia (Board of Regents of the University System of Georgia), its trustees, officers, agents, and employees from and against any and all liability for any harm, injury, claims, damage, actions, causes of actions, costs and expenses of any nature which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness, or otherwise, while I am in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted. It is my expressed intent that this agreement shall bind the members of my family, estate, heirs, administrators, personal representatives or assigns.

**Medical Release.** If I need medical treatment as a result of my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the University does not provide health insurance for me and that I should carry my own health insurance.

In signing this agreement, I acknowledge that I have reviewed and understand what the above means and that this document is signed voluntarily.

**Photo Release.** I agree that any pictures or videos taken of me or my dependents during the Volunteer Programs – Service Experience can be used by UWG for promotional or informational use.

I understand and agree with the contents of this document. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.