

Oglethorpe University Center for Civic Engagement

MEDICAL RELEASE, PHOTO RELEASE & LIABILITY WAIVER FORM

Voluntary - My participation in this community service project is voluntary. I will select the activities in which I will participate. I will choose activities that are within my physical capacities.

Assumption of Risk - I realize that during this community service project, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities.

Waiver - I release the sponsors, organizers, volunteers and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives or agents) from all actions or claims of any kind that relate to my participation in the community service project. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives and assigns.

Hold Harmless - I hold the sponsors, organizers, volunteers and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death or other damages or losses, resulting from my participation in the community service project.

Medical Treatment - If I am injured during the project, the organizers or volunteers of the project may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the project, it is my responsibility to seek appropriate medical care and to notify the community service project organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this event.

Pictures - I agree that any pictures or videos taken of me or my children/dependents during participation in the community service project can be used by Oglethorpe University for future promotional campaigns.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

Participant's Printed Name

Parent's Printed Name (if participant is under 18)

Signature

Parent's Signature

Date: _____

Address: _____

Email: _____@oglethorpe.edu

Emergency Contact person: _____

Emergency Contact's phone number: _____