

ACTIVITIES INVOLVING MINORS

Please read carefully, as this is a binding agreement.

Photo Release

I hereby give the University of Georgia and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, social media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

Parent/Guardian & Participant Acknowledgement and Agreement

I understand that as a condition for participating in the Program/Activity I must comply with the Program/Activity's rules and standards of conduct and follow all reasonable direction of the Program/Activity Staff. Failure to comply with the Program/Activity's rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my being dismissed from the Program/Activity and impact my ability to participate in future Programs/Activities.

I understand that my child will be subject to the rules and standards of conduct of the Program/Activity and the University System of Georgia. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program/Activity Staff may result in my child's dismissal from the Program/Activity. I accept responsibility for all costs associated with removing my child from the Program/Activity, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Program/Activities.

2024 ENROLLMENT AGREEMENT

Release, Waiver of Liability, and Covenant Not to Sue

I fully and voluntarily consent to my child's participation in SPARK at UGA. I hereby acknowledge my awareness that participation in SPARK activities may expose my child(ren) to risk of property damage, bodily or personal injury, including death. Activities will include certain physical activities such as walking, swimming, running, climbing, crossing streets and intersections, etc. I understand that the risks that my child(ren) may encounter include, but are not limited to transportation accidents; injury from falls; drowning; inclement weather; injury from animal or insect bites; cuts; burns; electric shock; abrasions; 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 knowingly and freely assume any and all such risks and voluntarily allow my child(ren) to participate in this activity. I grant permission for my child(ren) to participate in all field trips, activities, and visits to Legion Pool that are part of the scheduled activities for SPARK (see posted schedule on website or attached to emails). I understand that some of these activities may include bus / vehicle transportation, and give permission for my child to be transported as necessary.

I have reviewed the description of my child(ren)'s program on the SPARK website and understand the unique activities and risks that will take place, understanding that portions of the camp may be changed between now and camp completion.

Ensure your child leaves all weapons at home. Possession of weapons on the University of Georgia campus (including, but not limited to knives having a blade of two or more inches) is governed by Georgia law O.C.G.A. 16-11-127.1. Additional information may be found at: <https://www.police.uga.edu/crime-stats/weapons-on-campus-info-2>.

We further agree that SPARK reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should SPARK cancel a program without cause, program fees will be refunded fully. If cancellation is due to causes outside of the control of SPARK, SPARK will refund **only uncommitted and recoverable funds**. In addition, it is agreed that the cost of travel to and from the program is not included in any fees that may be refunded.

It is also agreed that should a student leave the program within three (3) weeks before program start or after it has begun there will be **no refund** of any fees.

In exchange for being allowed to participate in SPARK, I hereby release and forever discharge and agree to indemnify the University of Georgia the Board of Regents of the University System of Georgia, its 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 the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action 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 of damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Medical Information Form and Authorization for Medical Care

Program/Activity Name: _____

I. Child's Basic Personal Information (please print)

Child's Name: _____

Date of Birth: _____ Weight: _____ Height: _____

Address _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Phone Number(s): (____) _____ (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____

Phone Number: (____) _____

Insurance Provider: _____

Phone Number: (____) _____

Insurance subscriber (parent) name: _____

Subscriber (parent) date of birth: _____ Policy Number: _____

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

Medications your child is currently taking, their purpose, dosage, and times taken:

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain. _____

Does your child require any assistance with his or her medications? If so, please explain: _____

Last tetanus shot date: _____

I consent to photos being taken of my child at the University Health Center for medical purposes only.

I do NOT consent to photos being taken of my child at the University Health Center for medical purposes only.

IV. Authorization for Medical Care

By checking this box, I understand that my child is voluntarily participating in a University of Georgia program/activity. I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

By checking this box, I understand that the University of Georgia does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program/activity. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, the University of Georgia, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

Name of Participant: _____ Date: _____

Parent or Guardian Name: _____ Cell Phone: _____