



READ CAREFULLY BEFORE SIGNING

I hereby acknowledge my awareness that my participation in the University of Georgia Cooperative Extension Walk Georgia Washington County SK/Mutt Strut may expose me to risk of property damage and bodily or personal injury, including injury that may prove fatal. Examples of the risks that I may be exposed to during the exercise portion of the program include inclement weather, falls and scrapes, hypoglycemia, foot injuries, heart attack, and automobile accidents, as well as other risks that may not be foreseeable. I hereby assume any and all such risks.

For the sole consideration of The University of Georgia's allowing me to participate in the program, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any personal injury, property damage, or the consequences thereof resulting from or in any way connected with my participation in the program.

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

I certify that I am at least 18 years of age and that I have read and understand the above.

SIGNATURE _____ DATE _____

PRINTED NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____

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