

**GEORGIA COLLEGE ANIMAL RESEARCH PARTICIPATION STANDARD
RELEASE, COVENANT NOT TO SUE, AND ASSUMPTION OF RISK**

(Used for GC Students who do not work regularly with animals but some animal contact is possible)

This waiver covers my participation in _____, which participation is completely voluntary.

I hereby acknowledge that I am fully aware that there are risks inherent in my participation in and preparation for such activity, and I willingly and voluntarily assume such risks. These risks may include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, bodily harm, hypothermia, concussion, drowning, psychological distress, insect bites, exposure to toxic substances, injuries caused by animals, including wild animals, and death.

I have made myself aware of the physical requirements necessary for participation in such activity, and I certify that I possess all of the necessary physical abilities, experience, training, and knowledge. I am aware that Georgia College & State University (“GCSU”) does not warrant the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that GCSU does not warrant the adequacy or competency of any investigator, vehicle driver, trainer, or other personnel.

I am aware that GCSU does not provide insurance for me, and that I am solely responsible for any medical costs arising out of my participation in such activity.

I agree that the privilege of participating in activity is a valuable opportunity, and in partial consideration of that opportunity I hereby forever release and discharge from liability of any kind arising out of my participation in, preparation for, or travel associated with such study, GCSU, the Board of Regents of the University System of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors. As a part of the consideration for my participation in such events, I hereby covenant not to sue any of the above- named released parties.

I understand that in accepting this document, GCSU does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee or volunteer. I expressly agree that this Release is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this Release or to my participation in any study shall only be had in a tribunal of competent jurisdiction in Baldwin County, State of Georgia, United States of America.

I am over the age of 18, and I am fully capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

_____ Signature Date

_____ Print name (please print clearly)
Student ID Number (if applicable)