

**Participant Release and Waiver**  
**Black History Month Travel Experience Waiver 2018**

*For the purposes of this document, "activity" refers to the College-provided bus trip to Clark Atlanta University and Morehouse College in Atlanta, Georgia, on Saturday, February 25, 2018.*

*For the purposes of this document, "College" refers to LaGrange College including the institution, its officers, agents, faculty, and staff.*

Note: If I am under eighteen years of age, I understand that while I am bound by the provisions of this Release and must acknowledge and agree to its terms, I am not permitted to execute this Release or participate in this Activity without approval of my parent or legal guardian, who must execute this Release on my behalf.

I acknowledge and agree that I am required to act in a mature and responsible manner at all times during the Activity and further acknowledge and agree that I will be held responsible for my own behavior and must respect the property of College and others. In exchange for the College allowing me to participate in the Activity, I give the College the right and permission to record my participation on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The College may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the College deems appropriate. All such recordings shall be the College's property.

In exchange for the activity, sponsor/organizer/operator making arrangements for, permitting me and assisting me in participating in the activity, I hereby assume all risk of participation in the Activity. Risks includes but are not limited to, transportation risks, risks of participation in the various components of the activity, and all risks related to any physical or other condition from which I might suffer. I acknowledge that the College and/or activity sponsor/organizer/operator does not provide personal accident/health insurance for me, and I assume personal and financial responsibility for any medical care and treatment I may require as the result of participation in the activity.

In exchange for the College and the sponsors/organizers/operators of the activity allowing me to participate in the activity and having reviewed and agreed to all acknowledgements above, I, on behalf of myself, spouse, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of participating in the activity. I release and forever discharge and covenant not to sue the College and the College's representatives including the activity's sponsors/organizers/operators from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorney's fees that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by me, whether caused by my action or negligence or the action or negligence (except willful or wanton negligence or misconduct) of College or third party in connection with the activity.

Should I choose of my own accord to travel to the activity on my own and not on the bus, I understand the risks associated with traveling on my own either as a driver or passenger in a personal vehicle. I also understand that the College has no responsibility for any occurrence that may occur while in a personal vehicle unless caused by some negligence of the college-sponsored bus.

I acknowledge and agree that should any provision of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Georgia and that the venue for any legal proceeding concerning this Release shall be Troup County, Georgia.

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERMANENT ADDRESS

\_\_\_\_\_  
CELL NUMBER