

Release, Waiver of Liability and Covenant Not to Sue  
READ CAREFULLY BEFORE SIGNING

I hereby acknowledge my awareness that participation in the Plant Biology Department field trip of (date) \_\_\_\_\_, 20\_\_\_, may involve risk of property damage and of bodily or personal injury, including injury that may prove fatal. Examples of the risks that I may encounter on the field trip and during transportation to and from the field areas visited have been discussed with me. These risks may include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 arranging for my participation in the Plant Biology Department field trip, 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 Plant Biology Department field trip.

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, its members, officers, agents, and employees.

I hereby certify that I am at least 18 years of age and suffering under no legal disability, and that I have read and understood the above.

In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARTICIPATION

Printed Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

WITNESS \_\_\_\_\_