DEPARTMENT OF RECREATIONAL SPORTS

INSTRUCTIONAL PROGRAM WAIVER

Each participant in a University of Georgia Department of Recreational Sports class, event, instruction or program assumes responsibility for conducting activities and using equipment in a proper, safe and recommended manner. Participation is voluntary and, if necessary, should be undertaken on the basis of personal medical advice. Completion of the Physical Activity Readiness Statement (PARS) is mandatory for participation. In addition, prior to physical activity, it is recommended that you consult a physician if you are over 45 years (male) or 55 years (female) of age, have a known heart condition, have any major heart disease risk factors (high blood pressure, high blood cholesterol, diabetes, cigarette smoker, or family history of heart disease), are pregnant or severely overweight.

PHYSICAL ACTIVITY READINESS STATEMENT (PARS)

For most people, physical activity should not pose any problem or hazard. PARS is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

If you have experience any of the following, vigorous exercise should be postponed and it is recommended that medical clearance be obtained.

1. Your doctor has said that you have heart trouble.
2. You frequently suffer from pains in your chest.
3. You feel faint or have spells of severe dizziness.
4. A doctor has said that your blood pressure was too high.
5. A doctor has told you that you have a bone or joint problem such as arthritis that has been aggravated or might be made worse by exercise.
6. There is good physical reason not mentioned here why you should not follow an activity program even if so desired.
7. You are over 55 and not accustomed to vigorous exercise.

The instructors reserve the right to prohibit you from participating if you arrive late, after the warm-up or wear inappropriate apparel and/or shoes. You are encouraged to modify all activity in terms of intensity and impact to meet your current fitness needs and conditioning level.

In consideration of being permitted to participate in this activity and in full recognition and appreciation of any and all possible dangers and hazards in this program, I, for myself, my heirs, successors and assigns do hereby release The University of Georgia, the Board of Regents of the University System of Georgia, its officers, agents, representatives, and employees, from any and all demands, causes of action and claims of liability for any and all trauma, injury, damage, expense, handicap, disability or death which might or does result from my participation in this fitness program. No judgment of my fitness level was exercised by the University in allowing me to participate in the fitness program.
INSTRUCTIONAL PROGRAM

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

(Read carefully before signing)

I, ________________________________, hereby acknowledge my awareness that my participation in a University of Georgia Department of Recreational Sports class, event, or instruction or program for the 2015-2016 Academic Year (August 2015-July 2016), may involve activities which include, but are not limited to, the following: stretching, weight-lifting, running, jumping, kicking, boxing, kick-boxing, yoga, indoor cycling, dancing, step aerobics, water aerobics, other water fitness training activities, martial arts, strength training, boot-camp training, swimming, diving, practicing CPR and other First Aid, and practicing water rescue skills. It may also involve training activities which use various types of athletic equipment which include, but are not limited to, the following: inflatable exercise ball, medicine ball, stationary exercise bicycle, hand weights, free weights, weight machines, a step, resistance bands, jump rope, kick board, swim paddles, water exercise belt, elastic bands, various hand buoys and/or other strength and conditioning and resistance equipment. It may also involve training activities which use various types of resuscitation equipment which include, but are not limited to, the following: personal protective equipment such as gloves and breathing barriers, CPR manikins, gauze, triangular bandages and Automatic External Defibrillators (AEDs).

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; drowning; exposure to warm or cold water; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; concussions; loss of consciousness; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports program for the 2015-2016 Academic Year and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, and any participating agency.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their 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 this activity.

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned’s image and/or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned’s image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University’s products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University’s photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against 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 for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age.

SIGNATURE OF PARTICIPANT ______________________________ DATE ______________________________

PRINTED NAME ______________________________ PARTICIPANT UGA ID ______________________________

SIGNATURE OF PARENT/LEGAL GUARDIAN ______________________________ DATE ______________________________
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

PRINTED NAME ______________________________