

**BRIAN BOHANNON FOOTBALL CAMPS
RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE**

Activity: 2016 BRIAN BOHANNON FOOTBALL CAMPS

Location: KENNESAW STATE UNIVERSITY

Acknowledgment and Assumption of Risk

The undersigned (including parent and/or legal guardian of participants under 18 years of age) does hereby acknowledge that he/she is aware that the activity specified above may be an activity that can involve inherent risks of physical injury, illness or loss of personal property to the participant and that the participant assumes all such risks.

The undersigned is aware of the physical requirements necessary for participation in the above-referenced event, and the undersigned certifies that the participant possessed all the necessary physical abilities, experience, training, and knowledge, and the participant has had an adequate medical exam and is capable of performing all activities.

The undersigned understands that Brian Bohannon Football Camps; Brian Bohannon, LLC; Brian Bohannon, Individually; Kennesaw State University; KSU Foundation; and KSUAA do not warrant the condition or adequacy of any equipment, facilities, vehicle, or mode of transportation for any purpose. The undersigned is further aware the Brian Bohannon Football Camps; Brian Bohannon, LLC; Brian Bohannon, Individually; Kennesaw State University; KSU Foundation; and KSUAA do not warrant the adequacy or competency of any trip leader, vehicle driver, trainer, or other personnel. The undersigned also understands that there are potential risks of which the participant; Brian Bohannon Football Camps; Brian Bohannon, LLC; Brian Bohannon, Individually; Kennesaw State University; KSU Foundation; and KSUAA may not presently be aware.

The undersigned hereby gives permission for the staff of the camp to seek, during the period of camp, appropriate medical attention for the camper and for medical attention to be given and for the campers to receive medical attention in the event of an accident, injury, or illness.

Nevertheless, **the undersigned (including parent and/or legal guardian of participants under the age of 18) acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.** The undersigned understands that the acceptance of this Release and 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 part, of sovereign immunity by said Board, its members, officers, agents and employees.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above referenced activity, on behalf of the participant, the participant's personal representatives, heirs, next of kin, successors and assigns, the undersigned or undersigned parent and/or legal guardian forever:

- a. **waives, releases, and discharges Brian Bohannon Football Camps;** Brian Bohannon, LLC; Brian Bohannon, Individually; Kennesaw State University; KSU Foundation; KSUAA; and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees from any and all negligence and liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the above referenced activity or event; and
- b. **indemnifies, saves, and holds harmless Brian Bohannon Football Camps;** Brian Bohannon, LLC; Brian Bohannon, Individually; Kennesaw State University; KSU Foundation; KSUAA; and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from the participant's actions during this activity or event.

I, the undersigned (including parent and/or legal guardian for participants under the age of 18), affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

CAUTION: READ BEFORE SIGNING

Name of Participant: _____

Age: _____

Signature of Participant: _____

Date _____

Printed Name of Parent/Guardian: _____

Signature of Guardian: _____

Date _____

(Parent/Guardian if under 18 years of age)

INSURANCE COVERAGE FOR ACCIDENTAL INJURY IS REQUIRED BY ALL PARTICIPANTS.

I have required insurance

Medical Provider: _____ Policy Holder Name: _____

Policy #: _____ Group: _____ Date of last tetanus immunization: _____

Any allergies to medicines? YES NO If YES, list: _____

List any conditions that physician should be aware of: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Emergency Contact Email: _____

Emergency Contact Alternate Phone #: _____