

College of Agricultural and Environmental Sciences  
Department of Animal Science

Release, Waiver of Liability and Covenant Not to Sue

READ CAREFULLY BEFORE SIGNING

I certify that I am the parent or legal guardian of \_\_\_\_\_ (name of student) who will be a participant in the Georgia Masters Lamb Camp program from **June 10 & 11, 2011**. I have been informed that during this program my child will participate in the following activities: **Show Lamb camp and related activities.**

I hereby acknowledge my awareness that participation in this program may expose my child to risk of property damage and bodily or personal injury, including injury that may prove fatal. I understand that the risks my child may be exposed to include: **Supervised activities involving livestock handling, livestock fitting, recreational and transportation** as well as other risks that may not be foreseeable. I agree that I will discuss with my child the importance of following the guidelines, instructions and recommendations of The University of Georgia faculty and staff members in charge of the program.

For the sole consideration of The University of Georgia's arranging for my child to participate in the program, 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, employees and the personnel involved in the production of this camp from any and all claims, demands, rights and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in the program.

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 certify that my child is participating in the event with my full knowledge and consent, and that he or she has my permission to participate in all activities. I also certify that I have read and understood the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

UNIVERSITY HEALTH SERVICES  
UNIVERSITY OF GEORGIA, ATHENS, GA. 30602  
Health Form for Special Programs

NAME \_\_\_\_\_ ss# (if available) \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
PROGRAM \_\_\_\_\_ DATES \_\_\_\_\_

**PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES**

I hereby authorize the physicians of the University Health Services, their agents or consultants, to perform diagnostic and treatment procedures on (Name) \_\_\_\_\_ which, in their judgement may become necessary while he or she is a participant in **Georgia Masters Lamb Camp** between (dates) **June 10&11, 2011**, at The University of Georgia. This authorization is valid at local emergency facilities.

PARTICIPANT (if over 18) \_\_\_\_\_ DATE \_\_\_\_\_  
PARENTS OR GUARDIANS (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

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**PERSONS TO NOTIFY IN AN EMERGENCY SITUATION**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Office Phone \_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_
  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Office Phone \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

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Do you take any medication prescribed by your physician. If so, what?

Is there any other information about your health that we need to know? If so, please explain or have your physician advise us regarding your problem.

Date of Tetanus Booster (with 10 years) \_\_\_\_\_ Allergies (check if applicable): Eggs or Chicken \_\_\_\_\_ Penicillin \_\_\_\_\_  
Plants \_\_\_\_\_ Serum \_\_\_\_\_ Sulfonamides \_\_\_\_\_  
Tetanus Antitoxin \_\_\_\_\_ Other (specify) \_\_\_\_\_

NOTE: This form is required if the participant is to be treated at the University Health Service should the participant become ill or injured while on campus.