



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

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby intends to voluntarily participate in a program of study through the School of Nursing at Clayton State University (herein after referred to as the Program) and acknowledges that participation in said Program, and travel to and from this Program may involve inherent risks of physical injury, including but not limited to death or loss of personal property and hereby assumes an such.

NOW, THEREFORE, the undersigned (for myself, my heirs, executors, administrators, and assigns) hereby agrees, for the sole consideration of the enrichment I expect to derive from the Program and for consideration of Clayton State University allowing my participation in the Program and/or arranging travel to and from the Program, to waive, release, hold harmless, covenant not to sue, and forever discharge Clayton State University and the Board of Regents of the University System of Georgia, and their members individually, and their officers, agents and employees from any and all claims, demands, rights, causes of action actions, judgments, costs and expenses, or other liability of whatsoever kind or nature resulting from my participation in or growing out of or in any way connected with this Program either arising before, during and/or subsequent to the Program, including but not limited to any and all, known and unknown, foreseen and unforeseen, bodily and personal injuries, including death; damage to property; and the consequences thereof.

I understand that the acceptance of this Consent, 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 further understand that if I elect to drive any vehicle during the Program and/or travel to and from the Program, I win be personally responsible and liable for all damages and injuries arising therefrom, to the extent that said liability, damage and/or injury is not covered by the Georgia State Tort Claims Act.

I hereby certify that I am 18 years of age or older, or my parent or guardian has signed below-, that I am suffering under no legal disabilities, and that I, or my parent and/or guardian, have read and understand the above Consent, Release Waiver of Liability, and Covenant Not to Sue carefully before signing and agree to be bound by its terms.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20_____.

TO BE COMPLETED BY STUDENT

_____	_____	_____	_____
Last Name	First Name	Middle Name	Laker ID
_____			_____
Signature			Date

TO BE COMPLETED BY WITNESS

_____	_____	_____	_____
Last Name	First Name	Middle Name	Laker ID
_____			_____
Signature			Date