**College Application 101**

Student’s Full Name__________________________________________

Grade____ Age____ School________________________________________

Address________________________ City_________________________ Zip________

I give my child (name) __________________________ permission to participate in the College Application Day 101. I understand that this is NOT a school function and it is sponsored by Magnolia Coastlands AHEC.

Transportation will NOT be provided. Students will need to be dropped off at Georgia Southern University School of Nursing at 8:45 and picked up at 12:00. If you need directions please contact Lisa Hunt or Rachel Kirkland.

Parent/Guardian signature________________________________________

Date_______________

I give Magnolia Coastlands AHEC permission to take pictures of my child (name) __________________________ during College Application 101.

**PLEASE COMPLETE ATTACHED SHEET.**

Thanks,

Lisa Hunt

912-478 0359

lmhunt@georgiasouthern.edu

Rachel Kirkland

912-478-1590

rachellkirkland@georgiasouthern.edu
I (parent/guardian name) __________________________ hereby acknowledge that participation by myself and/or my child (student’s name) ____________________________________________ in (College Application Day 101), is a voluntary educational, social, athletic, and/or recreational program sponsored and administered by Magnolia Coastlands Area Health Education Center, involves an inherent risk of and exposure to property damage and bodily or personal injury, including injury that may prove fatal, to myself, to my child, or to others. Dangers involved in this activity include, but are not limited to, heat related illnesses, hypothermia, cardiac/circulatory problems, musculoskeletal injuries (sprains, strains, bruises, fractures, etc.), stings and bites, concussions, and cuts/lacerations. I fully assume all risks of injury, sickness, or death to myself and/or my child associated in participation in the above stated voluntary activity and I fully consent to my child’s participation. For the sole consideration of Georgia Southern University arranging for and allowing my participation and/or my child’s participation in this voluntary program, and in connection therewith, making available for my use and/or my child’s use while participating in such program, certain equipment, facilities, grounds, or personnel of Georgia Southern University, I hereby waive, release, forever discharge, hold harmless, covenant not to sue, and indemnify Magnolia Coastlands AHEC (hereafter “Releases”) from any and all liability, claims, damages, 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 and/or my child’s participation in the program. I understand and acknowledge that acceptance of this signed RELEASE OF CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISKS, AND INDEMNIFICATION AGREEMENT (hereafter “Agreement”) by Magnolia Coastlands AHEC shall not constitute a waiver, in whole or in part, of sovereign immunity by Releases. I further understand and agree that this Agreement shall be effective during the entire period of my participation and/or my child’s participation in the above referenced program.

I understand and agree that the Releases do not have medical personnel available at all times during the program and are hereby granted permission to authorize emergency medical treatment, if necessary, or myself and my child, and that such action by Releases shall be subject to the terms of this Agreement. I state that my child have no health-related reasons or problems which preclude or restrict participation in this program, and that I and my child have adequate 24-hour health insurance to provide for and pay any medical costs that may be attendant as a result of injury to my child.

I acknowledge and represent that I have fully informed myself of the contents of this Agreement, that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators and assigns, and my child’s heirs, executors, administrators, and assigns, as well as my child.

This ________________________________ day of_________________________________, 2012.

Signature of participant or parent or guardian/date________________________________________________________________________

Name of child (please print) ___________________________________________________________

Signature of witness/date (must be 18) ________________________________________________