

**963 EFFECT  
WAIVER OF LIABILITY**

Location of Trip \_\_\_\_\_

Dates of Travel \_\_\_\_\_

In consideration of being accepted by 963 Effect to participate in the above trip, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE 963 Effect, Inc., and the Board of Directors, leaders, representatives, or servants there of, (hereinafter referred to as RELEASEES), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said trip with full knowledge that said trip may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

I understand that 963 Effect does not maintain any medical or health insurance policies for students or participants covering any circumstances arising from my participation in the trip associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio, especially accident/medical coverages.

It is my express intent that this Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND CONVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that the Waiver of Liability shall be construed in accordance with the laws of the State of Georgia.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability, understand it and sign voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement have been made; I am at least 18 years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PARTICIPANT: Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If participant is under the age of 18, Parent/Guardian consents to minor's participation in the event, consents for 963 Effect to seek reasonable and necessary medical treatment for participant during such event or associated activities, and agrees to be responsible for any cost of such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_