



SICKLE CELL TRAIT TESTING
RELEASE, WAIVER OF LIABILITY, & COVENANT NOT TO SUE

1. I hereby acknowledge that the Board of Regents of the University System of Georgia (“USG”), by and on behalf of the University of Georgia (“UGA”), and the University of Georgia Athletic Association, Inc. (“UGAAA”) (collectively, the “University”) strongly recommend that I obtain sickle cell trait testing prior to participating in on-campus evaluation activities at UGA.
2. Despite this recommendation, I decline to obtain the recommended sickle cell trait testing.
3. I acknowledge that my voluntary decision to participate in on-campus evaluation activities without first obtaining the recommended sickle cell trait test exposes me to a **SERIOUS RISK OF INJURY OR DEATH**, as well as other risks that may not be foreseeable. I am fully aware of the **ABNORMALLY HIGH RISKS AND HAZARDS** connected with my participation in an on-campus evaluation when I may possess the sickle cell trait. Nonetheless, I hereby elect to voluntarily participate in the evaluation at UGA without first obtaining the recommended sickle cell trait test knowing the high risks and hazards, and I assume all risks to my personal health from such participation.
4. In exchange for the University allowing me to participate in an on-campus evaluation at UGA, I hereby release and forever discharge the University, their members individually, and their directors, officers, physicians, healthcare personnel, employees, and agents from any and all claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury or property damage, or the consequences thereof, resulting from or in any way connected with my voluntary choice to participate in the on-campus evaluation activities without first obtaining the recommended sickle cell trait test.
5. I understand that accident/medical insurance is **not** provided to me by the University. If injured while at UGA athletic facilities, I understand that I am responsible for my own medical expenses and/or insurance coverage.
6. I further covenant and agree that in exchange for the University allowing me to participate in an on-campus evaluation at UGA, I will not sue the University, their members individually, their directors, officers, physicians, healthcare personnel, employees, or agents for any claim for damages arising out of my voluntary choice to participate in on-campus evaluation activities without first obtaining the recommended sickle cell trait test.
7. I further agree to indemnify and hold harmless the University from all liability, loss, cost, expense, claims or damage (including, but not limited to, claims of bodily injury, property damage, attorneys’ fees, and costs of litigation) that arise due to my participation in on-campus evaluation activities at UGA without first obtaining the recommended sickle cell trait test.
8. I understand that the acceptance of this Release, Waiver of Liability, & Covenant Not to Sue by the University does not constitute a waiver, in whole or in part, of sovereign immunity by the University, or their respective members, directors, officers, agents, and employees.

I have read and fully understand the contents of this agreement and execute it as my own voluntary act indicating my agreement with all its terms.

PRINT NAME

DATE

SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18