

**RELEASE AND WAIVER OF LIABILITY FORM
FOR ALL NON-EMPLOYEES OF
SKIDAWAY INSTITUTE OF OCEANOGRAPHY**



(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that his/her presence involves an inherent risk of physical injury and assumes all such risk. The undersigned hereby agrees that for the sole consideration of the Skidaway Institute of Oceanography allowing the undersigned to be present, the undersigned does hereby release and forever discharge the Skidaway Institute of Oceanography and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees from any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from my presence.

I grant permission to Skidaway Institute of Oceanography to use photographs taken of me on the date and at the location listed below.

I understand that the acceptance of this release and waiver of liability 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 have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for the duration of the activities associated with the operations.

NAME: _____
(Please Print)

INSTITUTION: _____

Signature

Signature of Parent or Guardian if
Participant is under 18

SS# _____

Signature witnessed by:

Signature

Date

Name (Please Print)

Destination: _____

Leave on: _____
Date

From: _____
Location

Return on: _____
Date

To: _____
Location