Armstrong Atlantic State University
STEP Program Waiver and Authorization Form

Name ___________________________________________ Student ID# ____________________________

Phone __________________________________________ Email _______________________________________

Release, Waiver of Liability and Covenant Not to Sue

IN CONSIDERATION of being permitted to participate in the STEP Program at Armstrong Atlantic State University (hereinafter “AASU” or “University”), I, for myself, my heirs, my personal representatives, and next of kin, hereby agree to assume all risks incidental to such participation and hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in the program, whether known or unknown. I acknowledge that my participation in the STEP Program involves risk of physical injury because of laboratory accidents and/or other causes and I voluntarily assume all such risks. For purposes of this Release, the RELEASED PARTIES are AASU, the Board of Regents of the University System of Georgia and their employees, officers, and agents and the National Science Foundation and their employees, officers and agents.

I fully understand that my participation in the STEP program, including travel to and from the site of an activity, training or other event may involve risk of serious bodily injury and that these risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Program, the condition(s) in which the activity takes place, or the negligence of the Released Parties.

Authorizations

I further authorize medical treatment for me at my cost should the need arise. I acknowledge that I am solely responsible for any and all medical, hospital or other costs, incurred by me arising out of my participation in the STEP Program. In this regard, I certify that I am covered by a 24 hour health and accident insurance policy.

I further grant the Released Parties the right to photograph and/or videotape me and to further display, use and/or otherwise exploit my name, face, likeness, voice, and appearance forever, in all media, whether now known or hereafter devised including, without limitation, online webcasts, television, newspapers, and magazines for the purpose of advertising and promoting AASU, the National Science Foundation and the STEP Program without compensation or payment of any royalties whatsoever.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FORCE AND EFFECT.

___________________________________                   ___________________
Signature of STEP Program Participant     Date

___________________________________                   ___________________
Signature of STEP Program Participant’s Parent or Guardian                             Date