UGA Alumni Association, LLC

Chapter Participant Release of Liability

| Name of Event: | | | |
|---|--------------------------------------|---|---|
| Date(s) of the Event: | | | |
| Location: | | | |
| Volunteer Coordinator: | | | |
| | | substantial rights by signing it and sign it v give this consent freely and voluntarily wit | bove waiver and release. I understand I give up roluntarily. I certify that I am at least 18 years of age. I hout coercion, duress, threat of promise of any kind. I above carefully before signing. I understand that I am t sign. |
| | | SIGNATURE – Participant | DATE |
| PRINT NAME – Participant | Emergency Contact | | |
| Return all forms to: UGA Alumni Chapters/Wray Nicholson He | ouse/298 S. Hull St/Athens, GA/30602 | | |