**MAPS UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, PHOTO RELEASE, AND AUTHORIZATION**

(Must be completed for each person under the age of 18)

Whereas, I desire for my child/ward to participate in **Math and Parent Partners Sessions (MAPPS)** at the University of Georgia Griffin Campus and the University has approved their participation in the program on **Jan 26, Feb 2, 11, 16, Mar 2, 11, 16, and 30** I hereby agree as follows:

1. I assume full legal and financial responsibility for their participation in this Program;
2. I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve his/her health or safety during their participation in the Program including authorizing medical treatment and transportation on their/my behalf and at my expense. Accident and health insurance are recommended for his/her participation in the Program;
3. I agree my child/ward must conform to all applicable rules;
4. I voluntarily indemnify and hold harmless the University of Georgia, the University System of Georgia, The Griffin-Spalding County School System, Math for Adults: Partnering for Success, Inc. (MAPS Foundation), their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my child/ward’s participation in the Program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
5. Assumption of Risk. I acknowledge participation in this Program involves inherent risk and includes activities that may lead to accidents and injury. For my child/ward, I hereby expressly assume the risk of injury or harm in this program and release The University of Georgia, the University System of Georgia, the Griffin Spalding County School System, the MAPS Foundation, their respective officers, employees, and agents from all liability for injury, illness, death or property damage resulting from, or related to, participation in the Program.
6. I understand that the University may take photographs and/or videos of participants and activities. I agree that the University of Georgia, the Griffin Spalding County School System, and the MAPS Foundation shall be the owner of and may use such photographs and/or videos relating to news, promotions and fundraising. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I acknowledge that I have read this document and understand and accept its terms.

Signature of Parent or Guardian Printed Name Date

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_