GEORGIA SOUTHERN UNIVERSITY RESEARCHER PARTICIPATION
STANDARD RELEASE, COVENANT NOT TO SUE, AND ASSUMPTION OF RISK

This waiver covers my participation in _______________________________________, which participation is completely voluntary.

I hereby acknowledge that I am fully aware that there are risks inherent in my participation in and preparation for such study, and I willingly and voluntarily assume such risks. These risks may include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, bodily harm, hypothermia, concussion, drowning, psychological distress, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death.

I have made myself aware of the physical requirements necessary for participation in such study, and I certify that I possess all of the necessary physical abilities, experience, training, and knowledge.

I am aware that neither Georgia Southern University ("University") nor the Georgia Southern University Research Services Foundation ("GSURSF") warrants the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that neither University nor GSURSF warrants the adequacy or competency of any investigator, vehicle driver, trainer, or other personnel.

I am aware that neither University nor GSURSF provides insurance for me, and that I am solely responsible for any medical costs arising out of my participation in such study.

I agree that the privilege of participating in such study is a valuable opportunity, and in partial consideration of that opportunity I hereby forever release and discharge from liability of any kind arising out of my participation in, preparation for, or travel associated with such study, Georgia Southern University, the Georgia Southern University Research Services Foundation, the Board of Regents of the University System of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors. As a part of the consideration for my participation in such events, I hereby covenant not to sue any of the above-named released parties.

I understand that in accepting this document, Georgia Southern University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee or volunteer. I expressly agree that this Release is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this Release or to my participation in any study shall only be had in a tribunal of competent jurisdiction in Bulloch County, State of Georgia, United States of America.

I am over the age of 18, and I am fully capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

________________________  __________________
Signature                  Date

________________________  __________________
Print name (please print clearly)  Eagle ID Number (if applicable)