GEORGIA OUTDOOR RECREATION PROGRAM - GORP
Trip Registration Form

Name_________________________________________ Today's Date _______________________

Event_________________________________________ Event Date _________________________

UGA ID#810-______________________________ Phone______________________________

Email Address (print clearly)_________________________________________________________

Check your category:

___ Current fees paid UGA student  ___ Non-fees paid UGA student*

___ UGA Faculty/Staff*  ___ Dependent*

___ UGA Alumni*  ___ Non-UGA guest*

Only current, fees-paid students are eligible to register at the student price. Part-time students who waive fees and student dependents must pay the faculty/staff price.

*Ramsey Student Center membership is necessary for any activity that requires turnstile access.

If you are a student:  Year in school__________

Male_____ Female_____

Have you ever been on a GORP trip?  Yes  No

If yes how many and which trips?____________________________________________________

How did you find out about this GORP activity?
___ Bus Card  ___ Flyer on campus  ___ GORP Catalog  ___ Newspaper  ___ Master Calendar

___ FaceBook  ___ Website  ___ Friend  ___ Poster in Ramsey  ___ Other?_____________________

Is this your first time participating is this type of trip/activity?  Yes  No

Are you registered for PE 1090 GORP Adventure?  Yes  No

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FOR BUSINESS OFFICE USE ONLY

Amount paid $_________________________ Official Sign-up (Staff)______________________

Type payment:
Cash _________ Check No.____________ Credit Card __________ Bulldog Bucks___________
1) Every GORP participant must have all trip/activity forms filled out completely and on file in the Rec Sports office in order to be an official participant of the trip/activity.

2) Cancellation Policy: Only if a trip is canceled or the participant finds a replacement more than one week before the trip is a refund possible. Contact the Rec Sports office to see if a trip waiting list is available. If a replacement is found, it will be necessary for you to notify the Rec Sports office and arrange to do the necessary change in paperwork. A $15 processing fee will apply to all refunds.

3) It is the responsibility of every GORP participant to attend meetings, clinics, and training sessions that have been scheduled for each particular trip/activity. A detailed fact sheet including this information is located in the wall files next to the Ramsey Cashier’s window. Not attending the pre-trip meetings will drop the participant from the trip without refund.

4) Should a trip have to cancel and a refund is due to the participant, this refund must be picked up by the last day of exams of the semester the trip was scheduled.

5) GORP participants are solely responsible for any hospital costs arising out of any bodily injury or property damage sustained through their participation is such voluntary recreational activities.

6) Participants are responsible for revealing any/all medical/health issues to GORP staff on the Health History Form and via conversation to help manage safety and liability concerns. Participants need to be prepared to carry all necessary medication and proceed with normal medication procedures while involved in GORP activities. A description of all activities if available on the GORP website.

7) Due to the inherent risk and danger involved in these activities, alcoholic beverages and other mind-altering substances are not allowed at any time during a GORP trip.

8) GORP prohibits smoking in group vehicles. Due to environmental and safety issues GORP strongly discourages smoking of any type while on trips. If it occurs, other participants should not have to breathe or smell smoke and all smoking trash must be properly disposed of to leave no trace.

9) If a GORP participant voluntarily leaves a group that participant will assume responsibility for themselves and will assume responsibility of return transportation.

10) Leave No Trace principles, values and guidelines will be practiced on GORP trips.

11) In order to remain a participant with a GORP trip, participants must follow all program and University policies and trip leader guidelines during the trip.

12) SCUBA participants may receive a referral letter from the SCUBA instructor to complete the open water certification dive. A nominal fee will be charged by the instructor for this referral letter.

My signature below indicates that I have read and agree to abide by the policies listed above.

______________________________  __________________________
Participant Signature                  Date
RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

(READ CAREFULLY BEFORE SIGNING)

I, ______________________________, hereby acknowledge my awareness that my participation in the University of Georgia Department of Recreational Sports Georgia Outdoor Recreation Program - Outdoor Trips and Clinics for the 2011-2012 Academic Year (August 2011-July 2012), may involve activities which include, but are not limited to, the following: hiking, rafting, kayaking, fishing, caving, gliding, scuba-diving, horseback riding, skiing, snowboarding, snorkeling, camping, canoeing, zip-line, sailing, backpacking, hiking and climbing. It may also involve training and practice sessions to prepare for the outdoor activity. These activities require the use of various types of equipment which include, but are not limited to, the following: boats, paddles, life vests, safety harness, helmets, stoves, ropes, tents, underwater breathing apparatus, bicycles, lanterns, and/or other equipment.

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, normally associated with outdoor adventure and recreational activities. These risks include, but are not limited to, any one or more of the following: travel to and from the activity, practice and training in preparation for the activity, accidents and illness in places distant from medical assistance, insect bites and stings, exposure to wild animals, foreseen and unforeseen inclement weather; tripping and/or falling or being thrown from rafts or boats into the water. I understand that these dangers may result in injuries such as, but not limited to, the following: disease; exposure to cold weather and water; hypothermia; exposure to extremely hot weather; cuts; abrasions, puncture wounds, and broken bones; muscle strains and sprains; concussions; dislocations; partial and/or total paralysis; drowning; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed by reading the trip/clinic description online and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports Georgia Outdoor Recreation Programs – Outdoor Trips and Clinics for the 2011-2012 Academic Year and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, Georgia Outdoor Recreation Program, and any participating agency.

(Turn Over –More Information & Signature(s) on Back)
In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned’s image and/or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned’s image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University’s products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University’s photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME

SIGNATURE OF PARENT/LEGAL GUARDIAN
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

DATE

PRINTED NAME
Georgia Outdoor Recreation Program
Health History Form

Name: ___________________________ UGA#: 810-

Event: ___________________________ Event Date: ___________________________

Today’s Date: _____________________ Phone _____________________________

Email address – Print clearly ___________________________

Please complete all portions of this form.

Do you have or have you ever had any of the following? Please Circle yes or no.

- Asthma: yes no
- Diabetes: yes no
- Heart Problem: yes no
- Tuberculosis: yes no
- Hepatitis: yes no
- Epilepsy/Convulsions: yes no
- High Blood Pressure: yes no
- Periods of Unconsciousness: yes no

Is there ANY information about your health that we should know about? If so, please explain, or have your physicians advise us regarding your condition(s).

**Allergies:**

Do you have ANY medicine allergies? (e.g. Penicillin, antibiotics?) yes no

If yes, please list. ___________________________

Do you receive allergy shots? yes no

Do you carry anaphylaxis emergency treatment kit or emergency care medication? yes no

If yes, please list. ___________________________

Do you have ANY food allergies? (e.g. peanuts, seafood?) yes no

If yes, please list. ___________________________

Do you have any food considerations that we need to know about? (e.g. vegan, vegetarian?) yes no

If yes, please list. ___________________________

**Other:**

Do you have ANY physical limitations that might limit your participation in physical activities? Yes no

If yes, be specific. ________________________________________

**Information:**

Health Insurance Carrier: ___________________________ Policy #: ___________________________

Name of Policy Holder: ___________________________

Name of Personal Physician: ___________________________

Address: ___________________________ Phone #: ___________________________

Emergency Contact: ___________________________ Phone #: ___________________________

*Note: It is strongly recommended that all students carry hospitalization insurance. International students are required to have hospitalization insurance the entire length of stay at the University of Georgia.*

revised 7/10