

**The University of Georgia
Disability Resource Center**

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)**

The use of this wheelchair obtained from the Disability Resource Center is a courtesy to the University community and in no way is intended to be an accommodation for any specific disability.

For the sole consideration of the University of Georgia allowing me to use this wheelchair, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and courses of action of whatever kind, arising from or by reason of any personal injury or property damage, or the consequence thereof, resulting from or in any way connected with my use of this wheelchair.

I hereby assume any and all such risks associated with the use of this wheelchair.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my voluntary use of this wheelchair.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I am at least 18 years of age and have carefully read and understood the above before signing.

Signature _____ Date _____

Name Printed _____

Permanent Address _____