



**STUDENT RELEASE FORM**  
**PAGE GAD Fall Workshop**  
**September 12, 2025**  
**KSU Center, Kennesaw**



(Please print neatly.)

School System: \_\_\_\_\_

School: \_\_\_\_\_

Event: September 12, 2025 PAGE GAD Fall Workshop @ KSU Center

Student: \_\_\_\_\_

My parent(s) or guardian(s) and I hereby release the Professional Association of Georgia Educators (PAGE) and the PAGE Foundation from all liability and responsibility and hold them harmless from any damage or injury which may occur or be caused by me before, during or following any PAGE or PAGE Foundation activity, including travel.

\_\_\_\_\_ (initial)

In consideration of my child's or ward's participation at the Fall Workshop, and on behalf of my child's or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge Kennesaw State University, the Board of Regents of the University System of Georgia; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities ("Released Parties") of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my child's or ward's participation in the Fall Workshop, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. This agreement to indemnify shall extend to any claim filed by my child or ward upon reaching the age of majority. I, for my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation.

\_\_\_\_\_ (initial)

I/we further consent to the release of information about, or relative to, my/our child's participation in activities, including scores, photographs, sound and video recordings, and any other data in association to my participation in the Professional Association of Georgia Educators (PAGE) or PAGE Foundation programs or activities. The PAGE organizations shall have full rights to reproduction and use of all such materials.

\_\_\_\_\_ (initial)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian's Signature

\_\_\_\_\_  
Date