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I understand that the acceptance of this release and waiver of liability 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.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of GIT, GTRC, and the Board of Regents of the University System of Georgia. I hereby certify that I am suffering under no legal disabilities and that I have read the above carefully before signing. This release shall be binding upon me and my heirs, legal representatives, and assigns.

By signing below, I agree to the terms stated above and hereby certify that I am 18 years of age or older.

Signature/Date

Print Name