

**University of Georgia**  
**GORP TRIP / ACTIVITY POLICIES**  
*(Please read carefully and sign below)*

- 1) Every GORP participant must have all trip / activity forms filled out completely and on file in the Rec Sports office in order to take part in the trip / activity.
- 2) Due to the type of programming and reservation system required we must adhere to a strict no refund 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.
- 3) It is the responsibility of every GORP participant to attend all 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 pre-trip meetings automatically drops 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 in the semester the trip was scheduled.
- 5) GORP participants are solely responsible for any medical/hospital costs arising out of any bodily injury or property damage sustained through their participation in such voluntary recreational activities. UGA does not carry health insurance for participants.
- 6) Participants are responsible for revealing any/all medical/health issues to GORP staff on the Health History Form and via follow-up 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.
- 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 at all times 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 all responsibility for return transportation.
- 10) Leave No Trace principles, values and guidelines will be practiced on GORP trips. (available on fact sheet)
- 11) **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.
- 12) 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.

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

---

**Participant Signature**

---

**Date**

# 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	Hepatitis:	yes	no
Diabetes:	yes	no	Epilepsy/Convulsions:	yes	no
Heart Problem:	yes	no	High Blood Pressure:	yes	no
Tuberculosis:	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 7/08

**GEORGIA OUTDOOR RECREATION PROGRAM  
TRIP PARTICIPATION FORM**

Name \_\_\_\_\_ Event \_\_\_\_\_ Event Date \_\_\_\_\_

UGA ID# 810 \_\_\_\_\_ Today's Date \_\_\_\_\_

Email Address (print clearly) \_\_\_\_\_

Phone \_\_\_\_\_

Are you a University of Georgia student Yes No; Year in school \_\_\_\_\_; Are you UGA Alumni Yes No  
Male \_\_\_\_\_ Female \_\_\_\_\_ If other University affiliation, please designate \_\_\_\_\_

Have you ever been on a GORP trip? Yes No If yes how many and which trips? \_\_\_\_\_

How did you find out about this trip? Bus Card/ Poster/ Publication/GORP Catalog/ Newspaper/ Other? \_\_\_\_\_

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

Are you registered for PEDB 1090? Yes No

\*\*\*\*\*

**FOR BUSINESS OFFICE USE ONLY**

Amount paid \$ \_\_\_\_\_ Official Sign-up (staff) \_\_\_\_\_

Type payment: Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Credit Card \_\_\_\_\_ Bulldog Bucks \_\_\_\_\_

\*\*\*\*\*

**RELEASE AND ASSUMPTION OF RISK FOR PARTICIPATION IN RECREATIONAL ACTIVITIES**

(Read carefully before signing)

Recreational activities including \_\_\_\_\_ involve inherent risks of bodily injury, including death, property damage, and other dangers normally associated with outdoor adventure and recreational activities. Such dangers include, but are not limited to, travel to and from the activity, practice and training in preparation for the activity, accidents and illness in places distant from medical assistance, foreseen and unforeseen weather conditions, tripping and/or falling or being thrown from rafts or boats into the water. Each participant should realize that these dangers may result in injuries such as, but not limited to, exposure to cold weather and water, hypothermia, sprains, strains, broken bones, concussions, drowning, and heart attack. It is the responsibility of each participant to engage only in those activities for which he/she has the prerequisite skills, qualification, preparation and training. The Board of Regents of the University System of Georgia does not provide insurance coverage for participants in recreational activities; each participant should obtain his/her own accident and health coverage if desired. It is further the responsibility of each participant to follow the instructions of the activity leader's instructions during any emergency. The Board of Regents of the University System of Georgia neither warrants nor guarantees in any respect the competency or mental and physical conditioning of any instructor, activity leader, vehicle driver or individual participant in any recreational activity. The Board of Regents of the University System of Georgia neither warrants nor guarantees in any respect the physical condition of any of the equipment used in connection with such activity.

The undersigned hereby acknowledges his/her awareness that participation in \_\_\_\_\_ may expose him/her to risk of property damage and/or bodily or personal injury, including death. The undersigned does hereby voluntarily and knowingly assume any and all such risks.

In consideration of The University of Georgia's allowing the undersigned to participate in \_\_\_\_\_ the undersigned does hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, and their members, officers, agents and employees from any and all claims, demands, rights and cause of action of whatever kind, arising from or by reason of any personal injury, property damage, or consequences thereof, resulting from or in any way connected with his/her participation in \_\_\_\_\_.

The undersigned understands that the acceptance of this Release and Assumption of Risk for participation in Recreational Activities 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 or its member, officers, agent or employees.

I have read and understand the above. In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

x \_\_\_\_\_  
(Signature)

x \_\_\_\_\_  
(Signature of parent if participant is under 18)

x \_\_\_\_\_  
(Print Name)

x \_\_\_\_\_  
(Witness)