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bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.



**VALDOSTA STATE UNIVERSITY  
PARTICIPANT CODE OF  
CONDUCT**

Program/Activity/Camp Name: \_\_\_\_\_

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11. If the Authorized Adult believes that the Program Administrator and/or the Minor Coordinator may be involved in the allegations of assault or abuse, they shall inform University Police directly.

**PARTICIPANT AGREEMENT**

I understand that as a condition for participating in the Program I must comply with the Program’s rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program’s rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN AGREEMENT**

I understand that my child will be subject to the rules and standards of conduct of the Program, Valdosta State University and the University System of Georgia. I further understand that my child’s violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child’s dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that Dismissed Participants are not eligible for a refund of any fees or expenses.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**IV. *Authorization for Medical Care***