



ADULT RELEASE FORM PAGE Future Georgia Educators Day

(Please print neatly.)

Your Name: _____

Your School: _____

Name of Event: PAGE Future Georgia Educators Day

I hereby release the Professional Association of Georgia Educators (PAGE) and 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.

_____ (please initial)

I consent to the release of information about, or relative to, my 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 and PAGE Foundation organizations shall have full rights to reproduction and use of all such materials.

_____ (please initial)

As a teacher/advisor/chaperone of this event, I acknowledge that the other chaperones from our group and I are solely responsible for chaperoning the students we bring to the event. I acknowledge and understand that PAGE nor the host college will be acting as chaperone for my students and as such they will not incur any liability or responsibility for chaperoning duties.

_____ (please initial)

Signature

Date