

UNIVERSITY OF WEST GEORGIA (UWG)
RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE
(TO BE SIGNED BY ADULTS IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE)

DEXA AND BONE DENSITY BODY SCAN RELEASE

Activity: DEXA and Bone Density Scan

Date/Time: _____

Location: COLSM 2107

Acknowledgment and Assumption of Risk

By signing below, the undersigned participant (including parent and/or legal guardian of participants under 18 years of age) agrees that he/she is willing to receive voluntarily a Dual-Energy X-Ray Absorptiometry (DEXA) scan performed by the Department of Sport Management, Wellness, and Physical Education (SWP) at the University of West Georgia. The participant understands that he/she will have his/her bone density and/or body composition assessed with a Dual-Energy X-Ray Absorptiometry (DEXA), which is a method approved by the NIH and FDA for body composition and bone density assessment. The participant will lie down on the DEXA table for approximately 15 minutes, and a low-dose x-ray will determine the body composition. The x-ray exposure experienced by the method is approximately 0.30 to 0.50 mREM of radiation, a level which can be compared to the 30.0 - 40.0 mREM of radiation exposure induced by a standard hospital chest x-ray, and approximately 0.50 to 0.75 mREM of non-medical background radiation received from the radiation emitted by the sun. In other words, participants would require approximately 100 to 150 DEXA scans of this type to obtain the same amount of radiation exposure experienced by a single chest x-ray. Participants would also get approximately 60% of the amount of radiation received on a single day of non-medical background radiation emitted by the sun.

The undersigned (including parent and/or legal guardian of participants under 18 years of age) does hereby acknowledge that he/she is aware that the activity specified above may be an activity that can involve inherent risks of physical activity, illness or loss of personal property to the participant and that the participant and undersigned all such risks.

The undersigned understands that equipment, facilities, grounds or personnel if any, which may be provided for my protection may be inadequate to prevent serious injury. The undersigned also understands that there are potential risks of which I may not presently be aware.

Nevertheless, the undersigned (including parent and/or legal guardian of participants under the age of 18) voluntarily elects to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. I understand that the acceptance of this Release and Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents and employees.

While there are no known risk associated with the DEXA procedure, it is the policy of the University of West Georgia not to scan women who are pregnant or have any reason to believe that they may be pregnant. The signature below certifies that the participant has no reason to believe she is pregnant.

I understand that if my scan shows abnormal results, I will be referred to my physician or a physician named by the University of West Georgia if I do not have a personal physician, but that all such related expenses are my sole responsibility.

I understand that the DEXA scan identifies tissue density and therefore will detect and show areas of density not consistent with body tissues, such as any implants, piercings, etc.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced activity, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. **Waive, release, and discharge the University of West Georgia and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and**
- b. **Indemnify, save, and hold harmless the University of West Georgia and the Board of Regents of the University System of Georgia, its members individually, its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event.**

UNIVERSITY OF WEST GEORGIA (UWG)
RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE
(TO BE SIGNED BY ADULTS IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE)

DEXA AND BONE DENSITY BODY SCAN RELEASE

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

_____ Yes, I consent to being photographed during Wolf Wellness Lab events and/or research projects. These photos may be used in future presentations, publications or in local newspapers. I also give permission to be used in photographic, video, digital or other recording forms. I further acknowledge and understand that the image may be accessible by the general public and agree that the University of West Georgia cannot be responsible for any use of the image by any third party accessing the image through the internet. I understand that I will not receive payment or any other compensation for the taking or use of any recording or works created as a result of my participation in the program or event.

_____ No, I may not be photographed or videos during any Wolf Wellness Lab event and/or research project.

CAUTION: READ BEFORE SIGNING

Print Name: _____

Age: _____

Signature: * _____

Date _____