



"I hereby agree that I will not sue the University of North Georgia or any of its departments, officers, employees, agents, or contractors, or any of their respective officers, employees, agents, or contractors, for any damages, including but not limited to, medical expenses, lost wages, or pain and suffering, that I may incur as a result of an accident or injury that occurs while I am participating in a program of the University of North Georgia, or any of its departments, officers, employees, agents, or contractors, or any of their respective officers, employees, agents, or contractors, in accordance with the United States Army guidelines.

I understand that the University will not provide me with workers' compensation or liability insurance, and I understand that the University is not responsible for any accident or medical expenses that I may incur as a result of an accident or injury that occurs while I am participating in a program of the University of North Georgia or any of its departments, officers, employees, agents, or contractors, or any of their respective officers, employees, agents, or contractors. The University strongly encourages me to obtain my own workers' compensation and liability insurance while participating in this program.

As a Military Affiliate, I will be considered an employee of the University of North Georgia for purposes of the Georgia Tort Claims Act (Georgia Tort Claims Act) as long as I act within the scope of my duties.

As a Military Affiliate, I agree to assume all risk associated with my participation in this program, and I agree to covenant not to sue the University of North Georgia and its departments, officers, employees, agents, or contractors, or any of their respective officers, employees, agents, or contractors, or any of their respective officers, employees, agents, or contractors, for any damages, including but not limited to, medical expenses, lost wages, or pain and suffering, that I may incur as a result of an accident or injury that occurs while I am participating in a program of the University of North Georgia, or any of its departments, officers, employees, agents, or contractors, or any of their respective officers, employees, agents, or contractors, in accordance with the United States Army guidelines.

employees, representatives, successors, and assigns, individually and in any capacity (collectively, the "University") from all liability, loss, damage, costs, expenses, or claims resulting from or in connection with my Military Affiliate status or duties. Including personal injury, death, or damage to property arising out of my activities. I also agree to indemnify and hold the University of North Georgia and the Board of Regents of the University System of Georgia harmless from all claims, demands, causes of action, actions, judgements or other liability including reasonable attorneys' fees arising out of, resulting from or in connection with my activities or duties.

Legal Name: _____

Signature: _____

Date: _____

UNG is committed to ensuring that this form is accessible to everyone. If you have any questions or suggestions regarding the accessibility of this form, please contact Michael McLeod – 678-717-2232