



University of North Georgia  
Center for Language Education  
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## WAIVER FORM AND MEDICAL TREATMENT AUTHORIZATION

*Please type or print clearly.*

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

APPLICANT INFORMATION (as it appears in your passport)

\_\_\_\_\_

Family/Last Name                      First Name                      Middle Name

Gender:    Male    Female              Country of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_                      Country of Citizenship: \_\_\_\_\_

Month/Day/Year

### Waiver Form

I approve of my child's attendance at the EducationUSA Academy at the University of North Georgia and certify that she/he is in good health and able to participate in the program activities. I hereby agree to indemnify and hold harmless the United States Department of State, the Bureau of Education and Cultural Affairs, World Learning, EducationUSA, EducationUSA Academy, the Board of Regents of the University System of Georgia by and on behalf of the University of North Georgia and its Center for Language Education (hereinafter the "University"), and any and all officers, agents, departments, and employees against any and all liability, claims, judgments, causes of actions, or demands for damages arising as a result of injuries sustained by the applicant, whether caused by the University's negligence or otherwise, during or as a result of any course or activity given the applicant during the EducationUSA Academy at the University of North Georgia to the fullest extent permitted by law.

Although the EducationUSA Academy at the University of North Georgia will take all reasonable steps to minimize risks for participants, I recognize that certain inherent risks may be involved in some program activities, including (but not restricted to) swimming, hiking, wilderness exploration, physical games, etc. Activities may result in exposure to plants, animals, insects, allergies, and associated diseases, and include the possibility of slips, falls, scrapes, etc., which could result in scratches, bruises, sprains, fractures, concussions, or even more life-threatening hazards. I am aware of the possible risks inherent in these activities, which this list is not complete, and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for risks herein identified and those not specifically identified. The applicant's participation in these activities is completely voluntary. I assume full responsibility for any and all bodily injury, death, and loss of personal property and expenses thereof as a result of any and all inherent risks and dangers associated with these activities.

I understand and agree that the University does provide insurance in the form of a blanket policy to help cover medical expenses for injuries that may be sustained by my child and that the University strongly recommends that I carry my own health and medical insurance to protect against potential losses related to participation in this program. The blanket policy will in all cases be considered a secondary, excess coverage policy.

This Waiver Form shall be governed by and construed under the laws of the State of Georgia.

I have read this entire Waiver Form, I fully understand it, and I agree to be bound by the terms and conditions of this document and acknowledge this Waiver Form as legally binding upon myself, heirs, assigns, estate, and all members of my family, including minors.

I represent and certify that my child's true age is under 18 years of age and I am authorized to sign for him/her as their parent or Legal Guardian.

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

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## **MEDICAL TREATMENT AUTHORIZATION**

I, being the legal guardian of the above participant, authorize the EducationUSA Academy at the University of North Georgia and its agents to request medical treatment as necessary or to transport the minor to a medical facility to insure the well-being of the participant. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree to pay all costs associated with such medical care and transportation.

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date (Month / Day / Year)

If another format of this document is requested, please contact Dr. James Badger at [james.badger@ung.edu](mailto:james.badger@ung.edu), or telephone at 706-864-1996 (office).