



Affiliate Agreement

Legal Name: _____

Assignment Begin Date: _____ Assignment End Date: _____

Department: _____

Supervisor Name: _____

Type of Affiliate: Non-Paid Paid

Purpose for Service: _____

Scope or Affiliate Work & Duties:

As an affiliate, I understand and agree to the following: (Numbers 1 & 5 **do not** apply to paid affiliates):

1. I am performing the duties identified above solely for my personal benefit without promise or expectation of compensation, benefits, academic credit, or future employment from University of North Georgia ("University"). I acknowledge that, in exchange for my service as an affiliate, I have neither been promised any consideration nor do I expect to receive any consideration, except as indicated in Paragraph 7.
2. I understand that the University and/or I may end my affiliate services at any time without further obligation one to the other, and for any reason, and without advance notice. I understand and agree that as an affiliate, I will not be acting as a University employee or student.
3. I will familiarize myself with and abide by all University policies, including those regarding conduct, confidentiality, safety and welfare. I agree to abide by all applicable rules and regulations of the University and any of the departments or units where I engage in affiliate activities. The links are as follows:

Student Code of Conduct Policy

<https://ung.edu/student-integrity/conduct-policies/student-code-of-conduct-policy.php>

Student Code of Conduct Procedures for Alleged Behavioral Misconduct

<https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-behavioral-misconduct.php>

Student Code of Conduct Procedures for Alleged Violations of Academic Misconduct and Professional Standards

<https://ung.edu/student-integrity/conduct-policies/procedures-for-alleged-violations-misconduct-standards.php>

UNG Use of State Property, Confidentiality, & Drug-Free Campus Statements

<https://ung.edu/human-resources/employees/ung-statements.php>

4. I agree to perform my duties under the direction and control of the authorized University official identified above or such other authorized University official as is later designated to supervise my affiliate assignment.
5. I understand that affiliates are not covered by workers' compensation insurance for injuries or illness resulting from their activities, and are strongly encouraged to obtain their own medical insurance before participating in this structured affiliate program. I understand that the University will not provide me with accident or medical insurance, and is not responsible for any accident or medical expenses that I incur in the course of my assignment.
6. I understand that my participation as an affiliate may involve certain risks that have been explained to me, including, but not limited to

I voluntarily accept these risks.

7. I further understand that during the period designated above, I agree to serve as an affiliate with the University of North Georgia by participating in the structured affiliate program organized, controlled, and directed by University of North Georgia as described in the description of duties above, which are for the sole purpose of carrying out the functions of University of North Georgia. In consideration for my service as an affiliate, the University of North Georgia agrees that I am a "state officer or employee" solely for the purpose of O.C.G.A. § 50-21-20 et seq. (Georgia Tort Claims Act) as long as I act within the scope of service set forth in this Agreement.
8. As an affiliate, I understand I am like an employee with regards to disclosing any criminal charges or convictions which were sustained during my employment and separations or breaks. Failure to fully and properly disclose will result in disciplinary action up to and including termination.
9. If my duties involve assisting with research:
 - I understand and agree that federal laws regulating the export of technologies may prohibit assistance by international individuals on certain types of research projects. I understand that all University and other required approvals must be secured prior to conducting research activities and I agree to abide by all policies and procedures governing such activities. If I assist with research funded by a third party sponsor, I agree to abide by the terms of the sponsorship agreement. Further, I agree to be bound

by any written nondisclosure or confidential disclosure agreement governing confidential information to which I may have access in the course of my research activities at University.

- I pledge to disclose any intellectual property developed as a result of my research activities at University. If valuable intellectual property is created as a result of the research with which I assist at University, then ownership of such intellectual property shall be determined by University policy and federal law regarding inventorship and authorship.
- I agree not to disclose any confidential information concerning patients, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my affiliate service.

10. My performance of the affiliate duties is purely voluntary and I agree to assume all risk associated therewith. I do release, waive, discharge, and covenant not to sue the University of North Georgia and the Board of Regents of the University System of Georgia, their members, individually and their officers, directors, agents, trustees, board members, 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 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.

Department Head: _____

Signature: _____ Date: _____

Supervisor Name: _____

Signature: _____ Date: _____

Affiliate Name: _____

Signature: _____ Date: _____

(*) **Note:** Assignments are effective for up to one year from the assignment begin date. This does not apply to Military Affiliates and positions that DO NOT require IT services.